Show-Me Response

Volunteer Coordination Plan

Missouri's Emergency System for Advanced Registration

of Volunteer Health Professionals

Missouri State Emergency Management Agency

December, 2018

Review of Plan

DATE:	Reviewed by:	Notes:
12.2018	Pat Curtis	Existing plan updated and reformatted to reflect new ASPR guidance and funding requirements
8.13.19	Elizabeth Weyrauch Deb Hendricks Mark Pethan	Annual review to occur July / August in conjunction with grant reviews
9.11.20	Elizabeth Weyrauch Deb Hendricks	Annual review

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Record of Changes

Date:	Change	Location

12/2018	Plan was created and cross-referenced with ASPR's guidance and reference to recommended best practice, specifically – Arizona Department of Health Services Volunteer Management Plan – to ensure compliance with the following documents:
	    • PHEP/HPP Capability Planning Elements
	    • Grant-guided Workplans
	    • ESAR-VHP Guidelines
	    • Healthcare-related disaster legal policy (HHS)
	    • Grant FOAs
	Additional discussion was held with Arizona's ESAR VHP Coordinator for input and permission to use the plan liberally.
	
	Digital file: N:/EHS/ShowMeResponse	

01/2019	Plan cross-walked to PHEP Capability 15 and FY2019 HPP Contract Monitoring Tool	Crosswalks and links are included as the final chapter in the plan for ease in referencing
04/2019	Plan revised per M.White and T.Cassil: see p. 16, "Activation of state sponsored volunteer organizations" clarification	
04/2019	Appendix F: EMAC P.30, SEMA positions added to paragraphs 5 and 6	
09/2019	Added emphasis to ESAR-VHP coordination role with federal requests (NDMS, FEMA Citizen Corps, MRCs, etc) p. 10	

Introduction

Recent natural and human-made catastrophic incidents have demonstrated the need for volunteers to supplement response and recovery efforts. Additionally, the potential for widespread consequences from these events often cross jurisdictional lines. Missouri State Emergency Management Agency (SEMA) is responsible for the implementation and maintenance of a volunteer health professional plan to include pre-credentialed volunteers to respond to local, tribal, regional, state, and national emergencies.

Purpose

This plan supports Show-Me Response, the Missouri Emergency System for Advance Registration of Volunteer Health Professionals (MO ESAR-VHP) and **promotes coordination with other volunteer health professional and emergency preparedness entities to support the deployment of health professionals and lay volunteers.** This system also provides a registration portal, where volunteers create a profile that outlines their identity, deployment preferences, contact information, occupation details, training, and skills and certifications.

Scope

The ESAR-VHP program is guided by five fundamental objectives to ensure the proper development and operation of each ESAR-VHP system. These objectives are:

1. Recruit and register medical and non-medical volunteers;
2. Apply ESAR-VHP emergency credentialing standards to registered volunteers;
3. Allow for the verification of the identity, credentials and qualifications of registered volunteers prior to an emergency or disaster;
4. Automatically notify and confirm the availability of registered health care professionals and lay volunteers at the beginning of an emergency/disaster event; and
5. Provide deployment information to available volunteers and track/document their service from deployment through demobilization.

Situation & Assumption

Situation

A public health emergency response may require health and medical personnel that exceeds available resources; in such a situation volunteers may be utilized to enhance response efforts. The MO-ESAR-VHP in conjunction with the national ESAR-VHP program will provide emergency response officials the means to mobilize the volunteer workforce, foster coordination among volunteers and emergency officials, and alleviate barriers associated with integration of responders during an emergency.

Volunteers may be called upon to staff and support the following health emergency response functions:

- Shelters and assistance centers,
- First-aid, mass triage, or screening sites,
- Point of dispensing/mass dispensing sites,
- Alternate care sites/facilities,
- Hospital surge capacity.

Additionally, volunteers from within Missouri and from other states may be requested when an incident is expected to surpass Missouri's capability to support local jurisdictions or the state emergency response. Threats that may strain or exceed capabilities include:

- Widespread biological or chemical attack,
- Severe nuclear emergency,
- Infrastructure failure, and
- Emergency needs that exceed the total available population of Missouri's health professionals or events that require immediate support beyond available resources.

Assumptions

- Volunteer health, safety, security, and supervision will be priorities at all times.
- Volunteer requests are made in response to an emergency declaration (local, tribal, state, federal) after local resources and capabilities have been exhausted.
- Logistical and legal issues regarding the use of volunteers will have been addressed prior to requesting/mobilizing volunteers through Show-Me Response.
- Volunteers will be managed at the lowest organizational and jurisdictional level possible.
- Volunteers may choose to decline a call to service at any time.
- Requesting entities will identify a main/central volunteer staging and training area (live location or virtual) for initial intake or demobilization of volunteers.
- The use and movement of volunteers across local and state jurisdictions will be tracked and reported by the requesting entity.
- Volunteer accountability during mobilization, movement, and deployment will be maintained by SEMA via Show-Me Response.
- Volunteer care, feeding, and transportation considerations will be handled by the requesting entity.
- In cases of a major disaster or catastrophic events, SEMA may need to make provisions to expand this plan and response systems.
- Volunteer groups and organizations involved in an emergency response will use Show-Me Response for registration and credential verification of volunteers.
- Volunteers requested or received from outside states will be coordinated through Emergency Mutual Aid Compact (EMAC).
- Volunteer coordination will align with CDC's Ethical Guidance for Public Health Emergency Preparedness and Response (www.cdc.gov/od/science/integrity/phethics/ESdocuments.htm).
- This plan will be reviewed and updated as needed to ensure compliance with national and state program guidelines and standards.

Concept of Operations

Alignment

Volunteer coordination will occur within the Operations Section of the SEMA Emergency Operations Center (SEOC), with the Show-Me Response Coordinator reporting to the ESF#6 / ESF#8 desks to the Operations Section Chief. Volunteer coordination and Show-Me Response activation aligns within the framework of SEOC plans.

Response Phases

- Phase I – Preparation
- Phase II – Request Processing
- Phase III – Mobilization
- Phase IV – Tracking Volunteer Use and Movement
- Phase V – Demobilization and Recovery

Operational Time Frames

The timeframes below outline ESAR-VHP performance standards for the deployment of volunteers:

Operation upon receipt of request:	Timeframe
Query the system and generate a potential list of volunteers to contact.	Within 2 hours
Contact potential volunteers and identify willing volunteers.	Within 12 hours
Provide the requester with a verified list of available volunteers.	Within 24 hours

Additional Considerations

Activating Show-Me Response may include the following:

- Coordination among Emergency Support Functions #6 and #8
- Technical assistance in identifying emergency authorizations and volunteer protections
- Supporting volunteer recruitment and credential verification
- Supporting the spontaneous volunteer process
- Technical support and training for volunteers, ESAR-VHP Coordinators and requesting entities
- Program liaison support among national ESAR-VHP/Medical Reserve Corps (MRC) offices, SEOC/SEMA, state ESAR-VHP Coordinators and volunteers

Roles & Responsibilities

Federal	• U.S. Health and Human Services (DHHS) Assistant Secretary for Preparedness and Response (ASPR) is the primary agency for Federal ESAR-VHP response activities.
	• ASPR is responsible for assisting in the coordination of the provision of appropriate medical personnel, equipment, and provision of health care services in federally lead ESAR-VHP operations.
	    ○ This role will become active only if requested by an authorized state representative or upon HHS/ASPR's reasonable assessment that Missouri does not have the necessary medical resources to respond to such events.
	    ○ ASPR will notify Missouri to convene a meeting to discuss medical assistance.
	    ○ ASPR may use the National Disaster Medical System (NDMS), Public Health Service Corps, Division of Civilian Volunteers, State ESAR-VHP programs or other DHHS Operating Division resources to perform these tasks including MRCs & FEMA Citizen Corps.

SEOC	• ESF #8 and ESF #6 leads to provide situational awareness and coordination with the SEMA/Show-Me Response Coordinator
SEMA/SEOC	• Coordinate ESAR-VHP implementation and assistance at state level, and as needed with federal requests • Provide credential verification for registered volunteers. • Maintain 24/7 accessibility to state registration system. • Provide advance coordination and communication with health volunteers, volunteer entities, and public health partners. • Provide technical assistance, guidance and resources to support effective use and movement of volunteers throughout ESAR-VHP activation and deployment. • Process volunteer requests within 24 hours of receiving HEOC authorization. • Assist in the tracking and monitoring of volunteer use and movement. • Maintain a historical log of volunteer deployment. • Share situational awareness regarding volunteer capability, capacity, and triggers potentially leading to requests for volunteers. • Support integration of local volunteer systems and plans. • Ensure volunteer personal data is destroyed within 90 days when the information is no longer needed.
Local Emergency Management and County/Tribal Health	• Facilitate local volunteer requests following state processes. • Follow the proper volunteer request process to cover liability issues. • Support local integration, communication, mobilization and demobilization of volunteers. • Align strategies and protocols for health volunteer coordination with SEMA. • Ensure volunteer personal data is destroyed within 90 days when the information is no longer needed.
Missouri Hospital Association (MHA) /	• Assist with facilitation and coordination of volunteer requests from hospitals. • Support local integration, communication, mobilization and demobilization of volunteers.

Hospitals	- Work with local public health to align strategies and protocols for health volunteer coordination. - Ensure volunteer personal data is destroyed within 90 days when the information is no longer needed.
Local Support Entities (MRC, CERT, DMAT)	- Integrate Show-Me Response within volunteer systems and plans. - Ensure responding volunteers have been appropriately credentialed (see ESAR-VHP standards). - Coordinate plans and systems with local health departments/OEM. - Alert SEMA Show-Me Response Coordinator when local volunteer units have been activated.
State Coordinators utilizing ESAR-VHP database	- Maintain up-to-date volunteer profiles within the state system. - Follow the proper volunteer request process to cover liability issues. - Do not deploy without an authorized mission/operation number. - Provide advance communication, coordination regarding ESAR-VHP activations, relevant systems and protocols involving interstate sending/receiving of MO volunteers. - Share relevant awareness regarding volunteer capability, capacity, and triggers potentially leading to requests for volunteers. - Establish communication systems to maintain effective monitoring of volunteer use and movement. - Ensure volunteer personal data is destroyed within 90 days. - Maintain volunteer code of conduct as established by requesting entity. - Clearly understand legal considerations, JITT, emergency response trainings, and volunteer roles and responsibilities.

Phase I – Preparation

Recruiting

Appendix A provides a list of public health priority professions that are necessary and often in short supply during a public health emergency. SEMA will make concerted efforts to continually recruit these specialized professions through conference exhibits, newsletters of affiliate organizations, presentations to organizations and academic institutions, and advertising.

Credential Verification

Overview of Emergency Credentialing Standards

The SEMA Show-Me Response Coordinator will classify every healthcare and non-healthcare volunteer in accordance with the emergency credentialing standards. The following ESAR-VHP terms and emergency credentialing standards definitions will be referenced in this section:

Credentials are a health volunteer's qualifications, and will be used within the ESAR-VHP System to determine a health volunteer's *Emergency Credential Level (ECL)*. According to the Joint Commission, credentials are the "documented evidence of licensure, education, training experience, or other qualifications."

Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care professional to provide patient care, treatment, and services in or for a health care organization. Detailed

information on the process used to verify volunteer credentials is available in the separate *MO-ESAR-VHP CORES RMS Administrator Guide* document. All volunteers and administrators have access to the help section, although volunteers cannot access documentation outlining advanced features of the system.

Emergency Credential Level (ECL) is a designation assigned to a volunteer registered in ESAR- VHP and based on possessed and verified qualifications. Each healthcare volunteer being evaluated may be classified into one of four different ECLs: Levels 1, 2, 3, and 4. The highest ECL is level 1 indicating that the health volunteer possesses all of the minimum required qualifications and that these have been appropriately verified.

ESAR-VHP Volunteers Emergency Credentialing Standards

Emergency credentialing standards establish common personnel resource definitions that assist in the efficient ordering and dispatching of personnel during an incident and to ensure that requesting authorities receive the personnel needed during an emergency or disaster. A limited set of credentials are utilized under these standards. A credentialing contact list can be referenced in **Appendix B**.

ESAR-VHP Credentialing Levels

Credential Level 1

ECL 1 classifies individuals that are available to work in hospitals in times of an emergency. Hospital-qualified health professionals are distinguished from other health professionals through a rigorous and constant review of credentials and performance. ASPR standards for assignment to Credential Level 1 were developed in consultation with the hospital industry and reflect the level of review hospitals would require before accepting a volunteer into their facility. Assignment to Level 1 requires confirmation that the volunteer is clinically active in a hospital, either as an employee or by virtue of having hospital privileges.

Credential Level 2

ECL 2 classifies individuals who may deliver services in a wide variety of settings such as clinics, nursing homes, and shelters. Typically, these health professionals possess all the credentials and qualifications of a Level 1 health professional except that they are not employed in a hospital nor do they have hospital privileges. Assignment to Level 2 requires confirmation that the volunteer is clinically active in any setting other than a hospital (e.g., clinic, private practice, nursing home, etc.).

Credential Level 3

ECL 3 classifies individuals who meet the basic qualifications necessary to practice in the State in which they are registered. Assignment to Level 3 requires verification of a volunteer's license, certification, or other State requirement to practice. In situations where the State does not govern a profession, ASPR has identified requirements that are deemed to be usual and customary for employment in the profession, which must be verified.

Credential Level 4

ECL 4 classifies individuals who have healthcare experience or education in an area that would be useful in providing basic healthcare not controlled by scope of practice laws and to assist clinicians. Assignment to Level 4 requires that the volunteer possess verified documentation of healthcare education or experience.

This level may include, but is not limited to, healthcare students or retired healthcare professionals who no longer hold an active license.

Training

It is important for volunteers to receive emergency preparedness education and training in disaster response. Multiple courses in disaster training for volunteers are available and recommended to prepare volunteers for their assigned responsibilities. These trainings include, but are not limited to the following courses, all of which can be accessed through the Heartland Learning Center, Saint Louis University, School of Public Health: www.heartlandcenter.com. Volunteers are asked to register on this site for training opportunities and documentation such as certificates of completion. Additionally, volunteers can enter information on training courses they have completed within the ESAR-VHP registry. Once a volunteer has added a training course to their record / profile, it can be verified by an administrator to ensure that the information submitted is factual and accurate. Certificates can be uploaded to volunteer profiles:

☐ Cardiopulmonary resuscitation (CPR)
☐ Basic first aid skills
☐ Medical countermeasure dispensing roles
☐ Incident Command System training
☐ Basic triage skills, psychological first aid, and self-care
☐ Basic and advanced disaster life support (American Medical Association's [AMA] National Disaster Life Support Program)
☐ Cultural competency
☐ Access and functional needs during a disaster response
☐ HazMat awareness
☐ MRC TRAIN (as applicable to the jurisdiction)
☐ Privacy and confidentiality of information collected during emergency response
☐ **Volunteer Management**
☐ **National Incident Management System including**
   o Introduction to Incident Command System (IS-100)
   o NIMS- An Introduction (IS-700.a)
   o Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
   o Incident Command System (IS-300) and Advanced ICS Command and General Staff (IS-400) for volunteer leaders that will hold key leadership positions

Terms and Conditions

Each individual registering with ESAR-VHP is required to read and accept the *Terms and Conditions*. By accepting the statement, volunteers agree that they are solely responsible for the information they provided on the application. Volunteers agree to provide complete accurate and non-misleading information in all areas of the ESAR-VHP website and update such information to maintain its accuracy and completeness. At any time, volunteers may update information regarding their information profile on the ESAR-VHP website.

Once the volunteer has accepted the *Terms and Conditions* and completed the *Registration Information* portion of the volunteer application, a confirmation will be sent to them by e-mail. They can then

access their profile online by using the username and password created during the registration process.

Risk Management

The Missouri contact for support and information can be reached via the Missouri Department of Administration Risk Management. During an event, contact the State Risk Management Office via https://oa.mo.gov/general-services/risk-management.

Licensed, certified, or registered volunteers who are registered with Show-Me Response and deployed on behalf of the state are eligible for state-sponsored liability, legal coverage, and worker's compensation within the borders of the state or local jurisdictions during a declared state of emergency or public health emergency crisis.   Additionally, similar coverage is applied if volunteers are officially deployed by the Governor to a disaster area outside the state, under the national Emergency Management Assistance Compact (EMAC) or by other mutual aid agreements. During non-declared disasters, the agency requesting volunteers will carry the responsibility of providing appropriate coverage under local jurisdiction authority.

Note: Interstate deployment provisions for making volunteers agents of the state is referenced in Missouri Revised Statutes 44.415.

Safety

Planning to receive or deploy volunteers will involve advance communication and coordination to ensure the safety and health of volunteers.

The collective goal is a comprehensive and systematic approach to ensure:
- Use of appropriately trained and fit volunteers,
- Health and safety monitoring is maintained throughout the response, and
- Assessments are conducted to determine the potential need for implementing post deployment long term health surveillance.

State and local volunteer requesting agencies and persons responsible for integrating volunteers will ensure implementation of plans that are compatible with the National Incident Management System (NIMS) structure and to include the following:
- Pre-deployment or Just-In-Time Training on anticipated hazards and protective measures,
- Tracking, monitoring, and rostering of volunteers,
- Surveillance and monitoring for exposures and adverse health effects including environmental monitoring and assessment,
- Out-processing assessments on completion of response duties, and
- Follow-up or long-term monitoring and surveillance for potential delayed or long-term adverse health effects of the deployment experience.

Public Information

Emergency Recruitment

Situations may arise which require coordinated efforts beyond the day-to-day recruitment or a need for a rapid build-up of volunteers is necessary. Emergency recruitment protocols will be coordinated between the SEMA Show-Me Response Coordinator and the Public Information Officer.

- Direct the public and public health partners to the ESAR-VHP website, encouraging registration or updating of registry information.

 Implement emergency recruitment during the following:

- A declared state/federal emergency in which health volunteer resources may be requested, and
- Total number of requested volunteers exceeds the number of available volunteers within the system.

Spontaneous Volunteers

During large scale emergencies, local governments may be required to manage spontaneous, unaffiliated volunteers. SEMA will assist with the coordination of these volunteers, incumbent on management by the requesting jurisdiction. The SEMA Show-Me Response Coordinator will also work with the PIO to:

- Refer volunteers to local volunteer organization programs,
- Collaborate with appropriate volunteer reception centers and organizations to develop relevant referral and outreach procedures, and
- Encourage non-registered volunteers to register with the State ESAR-VHP system (www.showmeresponse.org).

Additional assistance will be sought from partnering agencies that work largely with management of volunteers – including spontaneous volunteers, such as Americorps.   These volunteer coordinating agencies provide:

- Information to volunteers re: how to report to appropriate incident management leads, such as volunteer coordinators or off-site incident command
- Ensuring all volunteers follow standardized, in-processing requirements
- Identifying duties spontaneous volunteers can perform
- Verifying credentials of spontaneous volunteers
- Managing spontaneous volunteers who are not assigned to the appropriate job functions or tasks based on their skills and the needs of the response
- Registering spontaneous volunteers for future emergency responses
- Referring spontaneous volunteers who are not aligned with an identified partner organization to other organizations, such as nonprofits

During deployment, in which a volunteer's personal information will be received from other states, the SEMA Show-Me Response Coordinator will:

- Contact the sending state's ESAR-VHP Coordinator or appropriate entity,
- Establish a process for receiving information,
- Ensure personal information remains secured and maintained according to SEMA standards,
- Ensure volunteer deployment and event activity history is logged and maintained, and
- Verify destruction of personal information within 90 days following the close of the event.

Failsafe and Redundancy

Bi-monthly database backups are stored on an encrypted non-network storage device that is kept in a discrete location. Using this offline database, communication and notification to volunteers may resume using one of the following systems: The Health Alert Network (HAN) or SEMA's server. These hosts allow volunteer lists and contact information to be imported.

Phase II – Request Process
Volunteer Requesting Process

Show-Me Response can be requested to assist with **local requests for volunteer support** as deemed necessary by local jurisdictional or county emergency managers. Every effort will be made to fill volunteer requests through mutual aid with neighboring counties (e.g., local MRCs).

If or when all local resources have been exhausted, activation of state sponsored volunteer organizations, e.g., DMAT, DMORT, MO MRC, can be initiated by SEMA or the federal government to support intrastate, interstate, or federal needs.

The requesting entity (federal, state, or local authority) is responsible for:
- volunteer support such as food and lodging to the extent possible,
- liability coverage,
- financial costs associated with the deployment of volunteers, and,
- designation of a Field Volunteer Coordinator who will liaison with the Show-Me Response Coordinator at SEOC.

The volunteer request form is the vital link to requesting volunteers from county, tribes, state and federal entities and from which volunteers will be assigned to response activities. The form can be found in Show-Me Response's Document Library, within WEBEOC, or requested directly from the SEMA Show-Me Response Coordinator; see **Appendix C** for a sample form.

During events in which the State Emergency Operations Center (SEOC) is not activated, requesting entity may initiate a request for volunteers through the SEOC Watch Center (24/7 capability).

During events in which SEOC is activated, requests will be reported through ESF#6 and/or ESF#8 to initiate the process.   The SEMA Show-Me Response Coordinator will be alerted and additional SEMA personnel will be called upon as needed to support the following activities:
- Filling requests for health volunteers,
- Coordinating incoming/outgoing health volunteers (intrastate/interstate/federal),
- Bridging health volunteer resources/partners,
- Credential verification for medical professionals,
- Situational awareness - tracking and monitoring health volunteer use and movement, and
- Technical assistance/resources for local volunteer coordination.

Refer to the overview of the Show-Me Response request process in **Appendix D** for additional information on the procedure.

Phase III – Mobilization

Pre-Mobilization considerations

The SEMA Show-Me Response Coordinator will serve as the main point of contact for the collection of volunteer request forms. Following the review and consolidation of requests, the SEMA Show-Me Response Coordinator will contact volunteers to determine their availability to deploy.

Pre-Deployment Briefing

The *Summary of Logistic Considerations* should be reviewed by **requesting entities** before submitting a volunteer request. Please see **Appendix E**.

Incident conditions are listed to potential volunteers and include the following elements:

Incident / event details: Situational awareness is shared along with Volunteer roles and responsibilities and liability protection

Transportation: Volunteers will be responsible for transportation to the mobilization/demobilization location unless otherwise specified.

Lodging: Hotel accommodations cannot be guaranteed; therefore, volunteers must be prepared to stay in shelter-type conditions.

Meals: At some locations, meals will be provided, and the requesting agency will make every effort to provide meals. There may be times, however, when meals may be the volunteer's responsibility; volunteers should be prepared for a 72-hour self-sustaining kit to include food and water.

Operational Hours: Unless otherwise specified by the Incident Commander (IC) or the onsite Volunteer Coordinator, volunteers will work in 12-hour rotations with breaks every two (2) hours and one (1) hour for lunch, for a term of not more than 30 days.

Work Site description: potential personal security issues, and potential health safety issues are discussed including PPE required.

Local weather: A local forecast is researched and shared pre-deployment.

Documentation to bring: If required, immunization status documentation and the type of personal identification needed is described.

Due to the unknown types of incident conditions, the volunteer should be prepared to be self-sustained for 72 hours.

Activation

In the event of a public health emergency in Missouri, **the SEMA Show-Me Response Coordinator will identify volunteers within Show-Me Response that meet the qualification requirements of the volunteer request. The coordinator will then notify volunteers via the Show-Me Response email, phone, and/or text contact process. Notification will include all pertinent information such as the nature of the emergency; sleeping, eating and travel arrangements; and expectations of the length of deployment and hours of operation (listed above).**

The time span given for the volunteers to respond to the request will vary by severity of the situation, but will be no more than 12 hours. **Volunteers who have responded in the affirmative will be given a final credential check. The Show-Me Response Coordinator will use the same process that is followed during normal credentialing operations.** The intent of this is to ensure that the volunteer's ECL is current, and there have been no newly posted board actions taken against the volunteer. After the final vetting process, the response statistics will be relayed to ICS Operations as well as the SEOC. The final step is to send out an activation notice to the volunteers that have been chosen for deployment from the list of available professionals.

Volunteers will follow these steps:

1. The volunteer will accept the assignment;
2. The volunteer will report to the designated staging area specified by the requesting agency and present their identifying information to the Volunteer Coordinator;
3. When the volunteer arrives at the staging area, they will sign in, fill out all necessary paper work, and receive deployment papers and briefing (including a safety briefing and incident-specific training, if necessary), and receive an assignment to a position and work location;
4. Once a volunteer arrives at the site of deployment, additional paperwork may be required to assign the volunteer to an area supervisor;
5. It is very important for every volunteer to sign in and out each day (including lunch) and keep track of all hours worked on the required form, which must be signed by the Supervisor.
6. Before leaving the site, volunteers will brief replacement volunteers on all pertinent information needed to perform the job and continue smooth operations.

Phase IV – Tracking Volunteer Use and Movement
Tracking and Movement

During deployment, volunteers must be accounted for from the initiation of assignments through demobilization. Depending on the situation, reporting protocols will be established for either a "once a day" or an "every 12 hours" tracking of volunteers. The SEMA Show-Me Response Coordinator will coordinate the required tracking mechanisms with the onsite Field Volunteer Coordinator at the duty station. This will be the individual identified as the "requester" or the "requesting entity," or their designee, and will be contacted using information from the Volunteer Request Form and updated as necessary. See **Appendices G and H** for additional information and forms.

This information will be shared as necessary or requested in order to facilitate ongoing support of public health volunteers.

Phase V – Demobilization and Recovery

Volunteer demobilization is a function of the SEOC and the requesting/receiving entity. **SEMA will track and monitor the demobilization process which will occur in accordance with the Incident Action Plan.** Outstanding issues will be communicated to the SEOC and the requesting/receiving entity. **SEMA and ESF #8 partners involved in mobilization, movement and demobilization of volunteers will participate in an event "hot wash" (typically seven days following close of event). Additionally, SEMA will participate in after action reporting and incorporate lessons learned within improvement process planning following HEOC standard operating guidelines**. See **Appendix I**.

The SEMA Show-Me Response Coordinator will coordinate with the onsite Field Volunteer Coordinator to determine when Show-Me Response volunteers have been deactivated. The service will then be recorded in the Show-Me Response database by adding to the Volunteer's Prior Deployment Experience, under the Skills and Certifications section of their electronic profile.

Please see **Appendix J** for the Demobilization and Recovery Checklist.

Finance

Requesting and receiving entities will track and monitor costs in conjunction with reimbursement and recovery procedures. The SEOC will lead volunteer finance and reimbursement coordination relating to intrastate and interstate deployments. SEMA-related costs and funding will be accounted for and documented by the Finance Branch of the SEOC. Federal entities are the lead for financial claims and documentation relating to federally lead mobilizations. Volunteer cost calculation guidance and resources relating to hours and priority professions will be available from the SEOC, with additional resources provided by the Show-Me Response Coordinator. Additional resources can be found on the US Bureau of Labor Statistics website: **http://www.bls.gov/bls/blswage.htm**.

Plan Maintenance

Review and maintenance of this plan shall occur annually, incorporating the use of the Public Health Preparedness and Healthcare System Preparedness Capabilities, exercise outcomes, lessons learned, and ongoing best practice planning. SEMA, in partnership with key stakeholders, will review, update, edit, and maintain this plan as needed. Changes to this plan will be made available to county, tribal, state volunteer health professionals, and emergency response partners. Improvement planning is integrated into the SEMA annual exercise and evaluation program. Exercises are Homeland Security Exercise and Evaluation Program (HSEEP) compliant.

Acronyms

ASPR   Assistant Secretary for Preparedness and Response (U.S.)

MO ESAR-VHP   Missouri Emergency System for Advance Registration of Volunteer Health Professionals

CDC   Centers for Disease Control and Prevention

SEMA   Missouri State Emergency Management Agency

EMAC   Emergency Mutual Aid Compact

ERHMS   Emergency Responder Health Monitoring and Surveillance

ESF #6   Emergency Support Function
              (Mass Care, Emergency Assistance, Housing, and Human Services)

ESF #8   Emergency Support Function (Public Health and Medical Services)

EOC   Emergency Operations Center

FEMA   Federal Emergency Management Agency

HEOC   Health Emergency Operations Center

HSEEP   Homeland Security Exercise and Evaluation Program

ICS   Incident Command System

MRC   Medical Reserve Corps

NDMS   National Disaster Medical System

NIMS   National Incident Management System

NRF   National Response Framework

OEM   Office of Emergency Management

PHIMS   Public Health Incident Management System

PHVCW   Public Health ESAR-VHP Coordinators Workgroup

PIO   Public Information Officer

SEOC   State Emergency Operations Center

SMR   Show-Me Response Volunteer Registry / Database

SOP   Standard Operating Procedure

SUV   Spontaneous Unaffiliated Volunteer

VSTA   Volunteer Staging and Training Area

Key Definitions:

The following is a summary of key definitions.

MO-ESAR-VHP: Missouri's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) electronic system (branded as Show-Me Response), program, and network of tools/approaches/plans and capabilities relating to state emergency volunteer coordination and operations.

Credential Elements: National standards identifying specific credentials and other qualifications that states must collect via their registration system for each of the 20 primary professions.

Credential Levels: Credential levels relate to a defined list of criteria for assigning a range of classifications within each primary profession pertaining to qualification criteria for levels 1-4.

Emergency Worker: Any person who is registered and certified with a local or state emergency management organization to engage in authorized emergency management activities (e.g. ESAR-VHP Volunteer).

ESAR-VHP: A national network following standard plans and capabilities to ensure effective management and inter-jurisdictional movement of health volunteer professionals in emergencies.

Spontaneous Unaffiliated Volunteer (SUV): An individual or health volunteer not associated with a formal disaster response agency who offers to serve during an incident without appropriate registration.

Volunteer Coordination Team (VCT): Key State and volunteer organization authorities selected by ADEM to support volunteer coordination efforts within the SEOC.

Verification: Primary source verification is acquired by the credential issuing entity or a credential verification organization identified within the national ESAR-VHP guidelines.

Appendix A: Public Health Priority Professions

Source: U.S. Department of Health and Human Services, Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program Interim Technical and Policy Guidelines, Standards, and Definitions: Systems Development Tool. June 2010

- Physicians (Allopathic and Osteopathic)
- Physician assistants
- Nurses (Advanced Practice Registered Nurses (APRNs) including Nurse Practitioners, Certified Nurse Anesthetists, Certified Nurse Midwives, and Clinical Nurse)
- Certified nursing assistants
- Emergency Medical Technicians and Paramedics
- Phlebotomists
- Medical assistants
- Radiologic Technologists and Technicians
- Respiratory therapists
- Respiratory therapists
- Physical therapists
- Occupational therapists
- Pharmacists and pharmacy technicians
- Mental health professionals
- Marriage and Family Therapists
- Social workers
- Cardiovascular Technologists and Technicians
- Diagnostic Medical Sonographers
- Medical Records and Health Information Technicians
- Medical and Clinical Laboratory Scientists (Technologists)
- Medical and Clinical Laboratory Technicians
- Dentists and dental hygienists
- Administrative workers
- Chaplains
- Specialists
- Veterinarians

The capability for Show-Me Response to document a volunteer's training history enables it to be utilized to query for specialized volunteers, for example, volunteers trained in medical counter-measures distribution. Other potential job roles to consider for integration of spontaneous or unaffiliated volunteers may include; Volunteer Reception Center Assistant, Call Center Operator, Functional Needs and Shelter Support Assistant, Care and Feeding Assistant, Maintenance Assistant (e.g. debris removal), Communications Assistant.

Appendix B: Credentialing Contact List

Physicians (allopathic and osteopathic), Physician Assistants, Audiology, Physical Therapy	

Missouri Board of Registration for the Healing Arts
3605 Missouri Blvd.
Jefferson City, MO 65102
    • Assistant Physicians
    • Audiologist & Speech-Language Pathologists
    • Physician & Surgeons
    • Physical Therapist/Physical Therapist Assistants
	Phone: 573.751.0098
	Fax: 573.751.3166

Chiropractors	
State of Missouri Board of Chiropractic Examiners https://pr.mo.gov/chiropractors.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.2104 Fax: 573.751.0735
RNs/APRNs, LPN (Licensed Practical Nurses), NP (Nurse Practitioners)	
Missouri State Board of Nursing https://pr.mo.gov/nursing.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0681 Fax: 573.751.0075
Pharmacists	
Missouri State Board of Pharmacy https://pr.mo.gov/pharmacists.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0293 Fax:
Psychologists	
Missouri Committee of Psychologists https://pr.mo.gov/psychologists.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0099 Fax: 573.526.0661
Clinical Social Workers, Mental Health Counselors, Marriage and Family Therapist	
Missouri Behavioral Analyst Advisory Board https://pr.mo.gov/ba.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.526.5804 Fax: 573.526.0661
Respiratory Therapist	
Missouri Board for Respiratory Care https://pr.mo.gov/respiratorycare.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.522.5864 Fax: 573.526.3489

Dentist, Dental Hygienists	
Missouri Dental Board https://pr.mo.gov/dental.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.571.0040 Fax: 573.751.8216
Veterinarians	
Missouri Veterinary Medical Board https://pr.mo.gov/veterinarian.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0031 Fax: 573.526.3856
Emergency Medical Technicians	
Missouri Department of Health and Senior Services **Bureau of Emergency Medical Services** https://health.mo.gov/safety/ems/licensing.php P. O. Box 570 Jefferson City, MO 65102	**Phone:** 573.751.6356 Fax: 573.751.6348
Marital and Family Therapists	
Missouri State Committee of Marital and Family Therapists https://pr.mo.gov/marital.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0870 Fax: 573.751.0735
Social Workers	
Missouri State Committee for Social Workers https://pr.mo.gov/socialworkers.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0885 Fax: 573.526.4220
Professional Counselors	
Missouri State Committee for Professional Counselors https://pr.mo.gov/counselors.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0018 Fax: 573.751.0735
Architects, Professional Engineers, Professional Land Surveyors, Professional Landscape Architects	
Missouri Board For Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects https://pr.mo.gov/apelsla.asp 3605 Missouri Blvd. Jefferson City, MO 65102	**Phone:** 573.751.0047 Fax: 573.751.8046

Appendix C: Sample Volunteer Request Form

FORM COMPLETED BY	DATE	TIME

REQUESTING ENTITY/LOCATION INFORMATION

CONTACT PERSON(S)	AGENCY/FACILITY NAME
ADDRESS	
TELEPHONE NUMBER(S)	E-MAIL
OTHER CONTACT INFORMATION	

HOSPITALS ONLY

PREPAREDNESS PLAN ACTIVATED?	HAS MUTUAL AID AGREEMENT BEEN PURSUED?

LOCAL EMERGENCY OPERATION CENTER PERSON/AUTHORITY APPROVING REQUEST

*All requests for volunteers should be made through local emergency operation center.

NAME	COUNTY
TELEPHONE NUMBER(S)	E-MAIL

RELEVANT INFORMATION ABOUT INCIDENT

LOCATION	CONDITIONS
	NORMAL LIMITED PRIMITIVE
DESCRIPTION	

VOLUNTEER ASSIGNMENT/DUTIES AND SHIFT NEEDS

NOTE: It is the responsibility of the Requestor to ensure volunteers meet local requirements for background checks.

HEALTHCARE PROFESSIONALS LICENSES AND/OR CERTIFICATIONS	CLINIC STATUS (Y OR N)	HOSPITAL STATUS (Y OR N)	NUMBER REQUESTED
TOTAL NUMBER OF VOLUNTEERS REQUESTED			

APPROXIMATE DATE(S) OF SERVICE

Requesting Entity (contact person) will keep the Show-Me Response state system coordinator on duty advised regarding volunteer status, e.g., arrivals and demobilization).

VOLUNTEER LOGISTICAL AND BASIC NEEDS INFORMATION

Check-in Location & Contact	
Transportation/Mileage Reimbursed	Yes No
Lodging/Meals Provided	Yes No
Hygiene/Toiletries Available	Yes No

Appendix D: Activation of Volunteers

STEP 1:
SMR Coordinator obtains request form from requesting agency (See Appendix C "Sample Volunteer Request Form") with description of needs and requested assets
- Queries database
- Obtains list of appropriate volunteers

STEP 2:
SMR Coordinator provides initial information to volunteers
- Training needs (JTT) / parameters under which they will work
- Identification of staging area / where to report
- Details on the assignment
- Special needs, e.g., type of clothing
- Length of deployment

STEP 3: SMR Coordinator obtains list of volunteers willing to deploy

STEP 4: Volunteers report to staging area

STEP 5: Field Volunteer Coordinator meets volunteers at staging area

STEP 6: Orientation to volunteers at staging area
- Provides additional details on assignment
- Provides details on lodging / food
- Provides packet of forms to include record of emergency contacts, timekeeping, etc. See **Appendix H**
- Provides vaccinations / prophylaxis as needed
- Makes available critical incident stress debriefing

Appendix E: Logistics Checklist for Requesting Agencies

For discussion between requesting and sending entities. Forward or attach any pertinent information and documentation to the Show-Me Response Coordinator.

☐ **Liability Coverage (personal and medical) Initiation:**
- Identify who is providing the required personal/medical liability, and workers compensation coverage

☐ **Tracking and Monitoring System Integration:**
- Information and data is "For Official Use Only" and remains confidential. Identify support mechanisms that maintain the security of public health volunteer information (ensuring any volunteer personal data received will be securely managed and destroyed within 90 days following the close of the event)

☐ **Personal Safety and Security:**
- Identify who will be responsible for the safety and security of the requested public health volunteer
- Requester should ensure or provide the volunteers with identity badges, or some other form of repeatable yet secure method to quickly identify volunteers and ensure scene security. This should be part of the requester's emergency planning process.

☐ **Incident-specific volunteer safety and health risks, threats, and precautions**, such as occupational health and safety, environmental health, and radiation control programs.

☐ **Designation of Field Volunteer Coordinator**

☐ **Volunteer Staging and Training Area (VSTA):**
- Established a preliminary deployment or check-in site and a final demobilization or check-out site (a local VSTA may be established when sending volunteers out of state – gather additional check-in and check-out information from the receiving state)
- List VSTA location and hours of operation
- List VSTA point of contact information

☐ **Mobilization, Deployment, Reception, Demobilization,:**
- Ensure onsite requirements for the identification and verification of the volunteer are compliant with appropriate regulatory entities
- Ensure mobilization, demobilization, and deployment information has been communicated (or ensure a point of contact for further information has been identified)
- Ensure volunteer departure and arrival methods (Air, Bus, Government owned vehicle, or personal owned vehicle) have been identified

- Ensure tracking and monitoring procedures have been determined (i.e. logging of departure and arrival locations and times, identify key points enroute, establish clear check-in and check-out out procedures, and protocols for sending and receiving information)

☐ **Team Assignment:**

- Identified direct report/supervisor
- Ensure work assignment location and point of contact information has been established
- Team name (Optional)
- Team leader (Optional)

☐ **Communication and Briefings:**

- Ensure mission briefing information has been prepared, including job aids or just-in-time training
- Provide safety briefing as appropriate to the situational hazards
- Identify any hospital privileging approval accommodations to be made (as needed)
- Identify related job duty limitations, modifications, and restrictions needing to be updated
- Communicate volunteer shift schedule
- Establish a centralized message contact/location volunteers and family members of volunteers can leave messages in the event of a personal emergency

☐ **Living Quarters:**

- Identified and communicate availability (or arrangements)
- Describe type (i.e. camp, hotel, shelter)
- Identify and document location

☐ **Transportation:**

- Communicate type of transportation that will be used
- Communicate schedule and location of pick-up and drop-off times

☐ **Sanitation and Personal Hygiene:**

- Communicate location of facilities/type/resources
- Identify personal showers and washing schedules
- Identify clothing exchange or washing resources
- Identify location of additional supplies (Personal Hygiene Items)

☐ **Feeding:**

- Communicate food/feeding resources, location, and schedules
- Communicate protocols regarding requests for special diets (medical necessities)

☐ **Recreation, Relaxation, and Entertainment:**

- Communicate type of services available or accessible including location and transportation resources
- Communicate type of services available
- Communicate location/s
- Identify transportation resources

☐ **Time Keeping and Compensation Claims:**

- Be prepared to answer questions regarding workman's compensation claims (or identify point of contact for further information)

- Communicate timekeeping and recording requirements (or identify point of contact for further information)
- Be prepared to answer questions regarding tort type claims and liability protections (or identify point of contact for further information)

Appendix F: Emergency Management Assistance Compact (EMAC)

Missouri participates in the Emergency Management Assistance Company (EMAC). The following outlines the process for intra-state assistance which includes a request for volunteers. In the simplest of terms, EMAC works as follows:

There are 8 key players in EMAC operations:

• Requesting State- any EMAC member state that is asking for interstate assistance under the Compact. The governor must declare a state of emergency before the EMAC process can be initiated

• Assisting State - any EMAC member state responding to a request for assistance from and providing resources to another EMAC member state through the Compact

• Authorized Representative (AR) - the person within a member state empowered to obligate state resources (provide assistance) and expend state funds (request assistance) under EMAC. In a Requesting State, the AR is the person who can legally initiate a request for assistance under EMAC. In an Assisting State, the AR is the person who can legally approve the response to a request for assistance. State Emergency Management Directors are automatically ARs. The director may delegate authority to other emergency management officials in organization, as long as they possess the same obligating authority as the director. The SEMA Director fill this role.

• **Designated Contact (DC) - is a person within a member state who is very familiar with the EMAC process. The DC serves as the point of contact for EMAC in his or her state and can discuss the details of a request for assistance.** This person is not usually legally empowered to initiate an EMAC request or authorize EMAC assistance without direction from the AR. A list of DCs is found in Appendix E in Section V of the EMAC Operations Manual. The SEMA EMAC Coordinator fills this role.

 • EMAC National Coordination Group (NCG) - is the nationwide EMAC point of contact during normal day-to-day, nonevent periods. The NCG is prepared to activate EMAC on short notice by coordinating with the ARs and DCs of the EMAC member states when an emergency or disaster is anticipated or occurs. The NCG is collocated with the current Chair of the EMAC Operations Subcommittee and Executive Task Force. Because the Chair of the EMAC Operations Subcommittee changes every year, so does the NCG

 • EMAC National Coordinating Team (NCT) - If DHS/FEMA activates the National Response Coordination Center to coordinate the federal response and recovery operations during an emergency or disaster, DHS/FEMA may request a coordination element from EMAC. The EMAC NCT is the EMAC team that is deployed to serve as a liaison at the NRCC, located in Washington, D.C. From the NRCC, the EMAC NCT coordinates with the deployed EMAC components responding to the emergency or disaster and is the liaison between the EMAC assistance efforts and the federally provided assistance efforts. The costs for deploying and maintaining an EMAC NCT at the NEOC are reimbursed by DHS/FEMA through NEMA/CSG

• EMAC Regional Coordinating Team (RCT) - If DHS/FEMA activates a Regional Coordination Center (RRCC) to coordinate the regional response and recovery operations during an emergency or disaster, DHS/FEMA may request a coordination element from EMAC. The EMAC RCT is the EMAC team that is

deployed to serve as a liaison at the RRCC. From the RRCC, the EMAC RCT coordinates with deployed EMAC components responding to the emergency in states within the region, and is the liaison between the EMAC assistance efforts and the federally provided assistance efforts

• Member states

All Member States have the following responsibilities:

> • Be familiar with possible joint member situations

> • Be familiar with other states' emergency plans

> • Develop an emergency plan and procedures for managing and provisioning assistance

> • Assist in warnings

> • Protect and ensure uninterrupted delivery of services, medicine, water, food, energy and fuel, search and rescue, and critical lifeline equipment, services, and resources

> • Inventory and set procedures for interstate loan and delivery of human and material resources, including procedures for reimbursement or forgiveness

> • Provide for the temporary suspension of any statutes or ordinances that restrict implementation

EMAC can be used for ANY capability one member state has that can be shared with another member state. So long as there is a governor declared state of emergency, EMAC can be utilized.

Appendix G: Field Volunteer Coordinator Responsibilities

Coordinate Logistics
- Lodging / Food / Transportation
- Equipment: PPE, radios / communication equipment

Verification of Volunteers
- Verifying identification / Badging

Orientation to Assignment
- Conduct Volunteer registration
- In and Out Processing (time keeping)
- Incident Command System
- Working / assignment policies, e.g., work hours & days, media contact, etc

Site Orientation
- Specific to assignment
- Volunteer responsibilities
- Just in Time Training (job specific)
- If needed, geographic orientation

Volunteer Assignments
- Reiteration of supervisor, chain of command, ICS structure
- Q & A

Demobilization -- See **Appendices I & J**

Appendix H: Deployment Package / Forms

This packet of forms will be given to volunteers at the staging site by the Field Volunteer Coordinator who is responsible for keeping the forms in a secure location while volunteers are deployed.

1. Record of Emergency Contacts / Data
2. Volunteer Locator and Processing Checklist
3. Volunteer Timesheet
4. Volunteer Feedback Form
5. Contact List

Record of Emergency Data

Date: _____ Organization _____

Name: _____

Home/Cell Phone: _____ Work Phone:_____

Religious Preference: _____ Marital Status: _____

Address: _____

_____

Emergency Notification (in order of preference)

Name	Relationship	Phone	Address

Remarks :

I certify that the information that I have provided is true and accurate to the best of my knowledge.

_____

Signature   /   Date

Volunteer Locator and Processing Checklist

Principle Purpose: Source document for accounting information and maintains volunteer accountability.

Name: (Last, First, Middle Initial)   Gender: M   F (circle one)

_____

Organization: Address: Phone:

_____

Supervisor: Phone:

_____

Area Deployed To:

_____

Deployed From:

_____

Date Departed: __/__/___   Date Arrived: __/__/___ Departure Time: _____   Arrival Time _____

Mode of Transportation (Give details such as Bus Line Info, or Airline Info):

Personal Owned Vehicle: Year, Make, License Plate #:

_____

Driver's License: State, Number, Expiration:

_____

TIMESHEET

VOLUNTEER NAME:								
ASSIGNMENT:				FROM:			TO:	
								WEEK 1
DATE	SUN	MON	TUES	WED	THURS	FRI	SAT	
Supervisor Initial & Date for First Week:					TOTAL HOURS:			

VOLUNTEER NAME:								
ASSIGNMENT:				FROM:			TO:	
								WEEK 2
DATE	SUN	MON	TUES	WED	THURS	FRI	SAT	
Supervisor Initial & Date for First Week:					TOTAL HOURS:			

The undersigned certify that the above account is true in all respects:	
Volunteer Signature:	DATE:
Supervisor Signature:	DATE:
Timekeeper Signature:	DATE:

Volunteer Feedback Form – Exit Screening

Please provide us your name and email address so we can follow up with you; or, you are free to submit this form anonymously. We will use your comments, criticisms and suggestions to improve our volunteer deployment procedures.

1. Name_____(leave blank if anonymous)

2. Email_____(leave blank if anonymous)

3. List your role(s) during the deployment (example: usher, medication dispenser, registration clerk).

4. Was this your first deployment as a volunteer? (Check one) ___Yes ___No

5. Please comment on the phone/email notification message you received? (for example: efficiency of the process, clarity of the message). We are especially interested in your suggestion for improvement.

Your experience during the deployment:

6. Please comment on the volunteer check-in process, providing suggestions for possible improvement if you have them.

7. Were you provided adequate training to perform your responsibilities on deployment? If no, what aspect of the training was inadequate or missing?

8. What could have been done differently to make this response/deployment a better experience for you as a volunteer?

9. Were you offered critical incident stress debriefing (CISD) and/or opportunity to meet with a Pastoral Care representative?

CONTACT LIST

Volunteers can utilize this sheet to build a contact list of other volunteers, supervisors, partners, etc. needed during assignment.

Name	Position	Office #	Cell #

Appendix I: Demobilization

Demobilization decision occurs in conjunction with SEMA, ESFs #6 and #8, and requesting agency. Decision to demobilize is relayed to Show-Me Response Coordinator & Field Volunteer Coordinator.

Field Volunteer Coordinator initiates demobilization protocols with volunteers
- Notify Show-Me Response Coordinator regarding timing of demobilization process
- Notify Volunteers

Field Volunteer Coordinator will provide the following information to Show-Me Response Coordinator:
- Volunteer Name
- Profession
- Deployment location
- Dates of activation
- Number of hours volunteer provided

Show-Me Response Coordinator and assisting SEMA staff will:
- Verify volunteer returned to home base
- Provide volunteer with feedback venue
- Make available debriefing / critical incident stress counseling
- Update volunteer's profile in registry to reflect mission

Appendix J: Demobilization and Recovery Checklist

DEMOBILIZATION & RECOVERY CHECKLIST
The following checklist provides a common set of actions recommended for use by all tiers of ESAR-VHP Coordinators during the various phases of demobilization.

Demobilization Considerations

1. ☐ Confirm with the SEOC and Requester and/or Requesting Entity indicated on original Volunteer Request Form that volunteers are no longer required.

2. ☐ Consult with SEOC to determine if re-assignment is appropriate.

3. ☐ Coordinate with ICS PIO to disseminate messages that volunteer objectives have been met and whether or not additional volunteers are needed.

4. ☐ Ensure the transfer of any remaining roles and responsibilities held by state requested volunteers to functional units within the NIMS structure and notify appropriate parties.

5. ☐ Manage the inventory of state requested volunteers, their equipment and supplies. Refer to Volunteer Request Form – Description of Mobilization Conditions section to check for any recommended original equipment or supplies.

6. ☐ Ensure all volunteer data and reports are completed and catalogued. Within the ESAR-VHP system, this primarily entails verifying that missions and deployments have been properly closed.

7. ☐ Monitor the breakdown, cleanup and restoration volunteer support facilities/stations and security measures to pre-event conditions.

8. ☐ Provide an exit briefing for the volunteer(s) and a volunteer operation summary for volunteer coordination partners. Refer to Volunteer Request Form for basic information, and follow up with Requester/Requesting Entity for complete information. This information will be stored within the ESAR-VHP system for future reference.

9. ☐ Ensure that the exit briefing template includes feedback opportunities for exit screening by querying for any injuries or illnesses acquired during the response and any mental/behavioral health needs.

10. ☐ Based on feedback from the exit screening, refer the appropriate volunteer to medical/behavioral health services.

11. ☐ Assure coordination of out-processing of volunteers.

12. ☐ In conjunction with the SEOC and Requester/Requesting Entity, identify and address issues and post-deployment support for state health volunteers (includes physical and mental health support where indicated)

13. ☐ Confirm the volunteer's follow-up contact information.

14. ☐ Ensure volunteers know who to contact if they have concerns (maintain a history of volunteer use and refer to volunteer profile history within the ESAR-VHP system.)

Resource Related Recovery Considerations

- ☐ Provide the volunteer with a letter or written statement of service (e.g. for purposes of personal record, maintenance of event history, or documentation for employer)

- ☐ Maintain records and reports and document the integration of lessons learned into updated plans (ensure personal information for volunteers from outside states is destroyed within 90 days when no longer needed).

Appendix K: Job Action Sheets

This set of Job Action Sheets is intended to provide the Missouri Medical Reserve Corps volunteer, and local jurisdiction volunteer units, with an overview of the basic incident command system (ICS) and how / where volunteers fall within this system.

Additionally, these Job Action Sheets provide a pre-deployment understanding of possible roles the volunteer may fill during emergency response efforts, and provide "Just-In-Time" refresher training for those roles at time of event. This set of Job Action Sheets represents typical response needs. Not all will be useful in every agency, and there may well be functional roles not included in this sample set. These documents provide a starting point, however, for documentation of the functional roles that might be expected of volunteers.

This document was created by the School of Nursing and the Mailman School of Public Health, Columbia University, and the School of Public Health, University at Albany. We gratefully acknowledge their work.

Sample ICS Organization Tree

Command Level

Agency Incident Commander

Command Staff:
- Liaison Officer
- Public Information Officer
- Safety Officer
- Documentation Officer *

- Planning/ Intelligence Section Chief
- Operations Section Chief
- Logistics Section Chief
- Finance/Administration Section Chief

- ESF #6 Emergency Human Service
- ESF #8 Health and Medical Services

Efforts supporting volunteer deployment fall under ESF#6 and ESF#8

* *Note that Documentation Officer is not a standard ICS position. Because of the nature of health and medical operations, some agencies have found it a useful addition.*

Operations Section

Operations Section Chief

- **Essential Public Health Services Branch Director**
- **Field Response Branch Director**
  - Medical Consultant
  - Field Response Coordinator
    - Environmental Unit Leader
      - Field Environmental Specimen Collectors
      - Environmental Field Technical Specialist
      - Technical Environmental Liaison
    - Epidemiology Unit Leader
      - Human Epidemiology Technical Liaison
      - Epidemiology Investigation Site Coordinator
        - Case Investigator
        - Human Specimen Collector
        - Diagnostic Testing Coordinator
    - Mass Care Unit Leader
      - Mass Care Operations Coordinator
        - Flow Monitor
        - Patient Educator
        - POD Medical Consultant
        - POD Security
        - Registration
        - Medical Screener
        - Shelter Nurse
        - Triage Nurse
        - Vaccinator, Rx
        - Vaccinator Assistant
- **Health Information & Public Education Branch Director**
  - Hotline Unit Leader
    - Hotline Operator
    - Multilingual Hotline Operator
  - Information Distribution Unit
    - Clerk
  - Media Facilitator
    - Media Telephone Operator
  - Public Information Writer
  - Public Relations Communications Specialist
  - Webmaster

Job Action Sheets

Essential Services of Public Health Branch Director

Reports to: <u>Operations Section Chief</u>

Mission: *Identify those routine essential services that MUST be maintained during the agency disaster response period.*

Immediate:

❑ Confer with the Agency Incident Commander and Section Chiefs to determine an estimate of the projected length of the disaster response activities.
❑ Prepare a list of the essential services that must be maintained, as well as those that can be suspended and submit to the Agency Incident Commander and chief health official for approval.
❑ Inform the other Section Chiefs during the Incident Action Plan (IAP) development meeting in the agency Emergency Operations Center.
❑ Work with the Finance/Administration Section Chief and agency program directors to identify personnel who must be assigned to maintain usual services.
❑ Communicate to agency program directors which services will be maintained and which will be suspended.
❑ Direct the re-allocation of personnel to disaster or essential service duty in coordination with the Recruitment Unit Leader (Finance/Administration Section).
❑

Intermediate:

❑ Develop a plan to communicate to the public which services are to be closed (and which will remain open).
❑ Monitor the success of maintaining the essential services.
❑ Re-evaluate the need to re-open (or close) existing services.
❑ Work closely with the other Section Chiefs and agency directors to ensure an adequate supply of personnel for essential services.
❑ Communicate unresolved problems or issues to Agency Incident Commander.
❑

Extended:

❑ Prepare an end of shift report for the Agency Incident Commander and chief health official.
❑ Make recommendations regarding need to alter essential services plan.
❑

Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet
Operations

Field Response

<hr>

Field Response Branch Director

Reports To: Operations Section Chief

Mission: *Organize and direct the field operations activities. These may include environmental, Hazmat response, surveillance, specimen collection, scene personnel safety, communicable disease control and mass care.*

Immediate:

- ❑ Read this entire Job Action Sheet
- ❑ Obtain briefing from Operations Section Chief.
- ❑ Establish a Field Response Branch Center.
- ❑ Communicate your telephone and fax number to the agency Emergency Operations Center (EOC) and other Branch Directors.
- ❑ Review the Incident Action Plans (IAP) and Section Action Plans (SAPs), and determine the specific Field Response units to be activated.
- ❑ Assign specific personnel to coordinate of the Field Response units.
- ❑

Intermediate:

- ❑ Convene a meeting for all unit leaders, communicate IAP and SAP and assign tasks.
- ❑ Ascertain resources needed by each unit, and arrange for procurement, transportation and delivery of these resources including personnel, supplies and equipment, to the appropriate site through the Logistics and Finance/Administration Section Chiefs.
- ❑ Maintain a log of all unit objectives and staff assigned to each task.
- ❑ Ascertain progress and status and of each unit, and immediately report to the Operations Section Chief reports of conditions that are unsafe or situations that are not improving or deteriorating.
- ❑ Receive information from unit and transmit data through the Operations Section Chief to the Planning/Intelligence Section Data Center.
- ❑ Immediately report to the Operations Section Chief issues that cannot be resolved by your unit with current resources.
- ❑

Extended:

- ❑ Observe all staff for signs of stress, and report concerns to Section Chief.
- ❑ Document all actions, decisions and interventions.
- ❑ Plan for the possibility of extended deployment

Medical Consultant (Field Response Unit)

Reports to: Field Response Branch Director

Mission: *Serve as the senior physician for the department of health, organize and direct medical support activities to public, staff, and other agencies.*

Immediate:

- ❏ Read entire Job Action Sheet.
- ❏ Obtain briefing from Field Response Branch Director and Operations Section Chief.
- ❏ Obtain the most current medical information on the conditions (and their treatment) that are most likely to occur as a result of the event (e.g. biological, chemical, etc.)
- ❏ Review Incident Action Plan (IAP) and Section Action Plan (SAP) to recommend the specific medical operations sub-units to be activated.

Intermediate:

- ❏ Monitor the CDC, state health department and other resources for medical updates.
- ❏ Review all planned public information to assure medical accuracy and consistency with CDC and state health department message.
- ❏ Serve as medical consultant to the department of health and other agencies (hospitals, physicians, laboratories).
- ❏ Coordinate with Epidemiology Unit Leader to monitor list of affected persons.

Extended:

- ❏ Continue as above.
- ❏ Document all actions, decisions, and interventions.
- ❏ Prepare end of shift report for Branch Director and incoming Medical Consultant.
- ❏ Plan for the possibility of extended deployment.
- ❏

Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet
Operations

Field Response

<div style="border: 2px solid red;">

Field Response Coordinator

</div>

Reports to: Field Response Branch Director

Mission: *Coordinate and communicate with other units to provide information and to request information/support/supplies.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Field Response Branch Director.
- ❑ Based on extent of unit activation, determine sub-unit contacts for information flow and establish list for Field Response Branch Director.
- ❑ Establish contact with Health Information and Public Education Branch Director.
- ❑

Intermediate:

- ❑ Facilitate coordination and operation of all activities of field units.
- ❑ Provide relevant information to units as necessary.
- ❑ Request information, supplies, etc., as needed.
- ❑

Extended:

- ❑ Same as above.
- ❑ Prepare end of shift report for Field Response Branch Director and incoming Field Response Coordinator.
- ❑ Plan for the possibility of extended deployment.
- ❑

Environmental Unit Leader

Reports to: Field Response Branch Director
Mission: *Overall responsibility for assessing the environmental health aspect of the incident, determining the environmental interventions required and directing the response.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from the Field Response Branch Director, including the Incident Action Plan (IAP) and the Section Action Plan (SAP).
- ❑ Determine staffing needs and availability.
- ❑

Intermediate:

- ❑ Deploy staff as per IAP and SAP.
- ❑ Coordinate and request Personal Protective Equipment (PPE) and supplies for response staff if required.
- ❑ Direct and coordinate sampling and specimen collection or other actions as needed.
- ❑

Extended:

- ❑ Re-deploy or adjust sampling or field collection as required.
- ❑ Monitor staff for signs of fatigue.
- ❑ Prepare end of shift report for Field Response Branch Director and incoming Environmental Unit Leader.
- ❑ Plan for the possibility of extended deployment.
- ❑

Field Environmental Specimen Collector

Reports to: Environmental Unit Leader

Mission: *Gather environmental samples.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from supervisor.
- ❑ Communicate/verify contact information.
- ❑ Obtain necessary supplies and equipment (bottles, coolers, etc.)
- ❑

Intermediate:

- ❑ Collect, label, and submit samples according to Standard Operating Procedures (SOP).
- ❑ Report to Environmental Unit Leader regularly as directed.
- ❑ Maintain chain of custody.
- ❑

Extended:

- ❑ Plan for the possibility of extended deployment.
- ❑ Debrief staff at the end of the shift and sign out to oncoming staff.
- ❑

Environmental Field Technical Specialist

Reports to: Environmental Unit Leader

Mission: *Evaluate environmental/medical conditions at relevant facilities (such as water plants, hospitals, food facilities, waste water plants).*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from the Environmental Unit Leader.
- ❑ Evaluate environmental/medical conditions at relevant facilities (water plants, hospitals, food facilities, waste water plants).
- ❑ Draw up or map sampling plans or floor plans for mass distribution clinic.
- ❑

Intermediate:

- ❑ Establish contact with Planning/Intelligence Section to monitor assessments.
- ❑ Report findings and unusual events to Environmental Unit Leader.
- ❑

Extended:

- ❑ Prepare end of shift report for incoming Field Environmental Specimen Collectors.
- ❑ Plan for the possibility of extended deployment.
- ❑

**Public Health
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Technical Environmental Liaison

Reports to: Environmental Unit Leader

Mission: *To maintain contact between Field Coordinator and Field Response team members.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Environmental Unit Leader and/or Field Response Coordinator.
- ❑ Set up reporting mechanism with Field Response Branch members.
- ❑

Intermediate:

- ❑ Establish contact at facilities to be inspected.
- ❑ Maintain a log of all communication and inspection schedules.
- ❑ Communicate needed contact information to Field Response Branch personnel.
- ❑

Extended:

- ❑ Continues as above.
- ❑ Prepares end of shift report for incoming Technical Environmental Liaison.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Incident Command System (ICS)
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Field Response

Epidemiology Unit Leader

Reports to: Field Response Branch Director

Mission: *Interpret pattern of disease, coordinate investigation, develop appropriate standardized tool to use in case investigations.*

Immediate:

❑ Read entire Job Action Sheet.
❑ Obtain briefing from Field Response Branch Director.
❑ Establish contact with Medical Consultant.
❑ Create standardized interview tool (questionnaire) or other data collection tool.
❑ Assess staffing needs and availability.
❑ Instruct appropriate staff in use of interview (or data collection) tools.

Intermediate:

❑ Update and/or tailor standardized questionnaire or tool(s) as needed.
❑ Relate information back to Medical Consultant and Field Response Branch Director.
❑ Establish and maintain ongoing contact with Planning/Intelligence Section to coordinate data and analysis of information.
❑ Evaluate feedback from staff using tool.
❑ Obtain up to date information from neighboring jurisdictions, the CDC and state health department.

Extended:

❑ Document all action decisions and intervention.
❑ Monitor staff for signs of fatigue.
❑ Prepare end of shift report for Field Response Branch Director and incoming Epidemiology Unit Leader.
❑ Plan for the possibility of extended deployment.
❑

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Operations

Field Response

Epidemiology Investigation Site Coordinator

Reports to: Epidemiology Unit Leader

Mission: *Coordinate collection of data, collate, and report data coming from field, direct investigative staff.*

Immediate:

❑ Read the entire Job Action Sheet.
❑ Obtain briefing from Epidemiology Unit Leader.
❑ Obtain facility-specific contacts or directive from the Technical Environmental Liaison.
❑ Direct staff for field assignments and brief on expected data to be collected and methods for collection.
❑ Review staff Personal Protective Equipment (PPE) needs if relevant.

Intermediate:

❑ Redirect staff assignments as needed.
❑ Document all field site visits.
❑ Take steps to limit environmental hazards as indicated by Incident Action Plan (IAP) and/or Section Action Plan (SAP).

Extended:

❑ Monitor staff for signs of fatigue and stress.
❑ Prepare end of shift report for Epidemiology Unit Leader and incoming Epidemiology Investigation Site Coordinator.
❑ Plan for the possibility of extended deployment.

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Field Response

Case Investigator

Reports to: <u>Epidemiology Investigation Site Coordinator</u>

Mission: *To interview patients using designated questionnaire and protocol and document findings.*

Immediate:

❑ Read entire Job Action Sheet.
❑ Obtain briefing from Epidemiology Investigation Site Coordinator.
❑ Obtain and review response questionnaire.
❑ Obtain site interview schedule and facility contacts.
❑ Obtain transportation to site.

Intermediate:

❑ Collect data as instructed.
❑ Report any concerns with data collection tool to the Epidemiology Investigation Site Coordinator.
❑ Turn in completed questionnaires to Epidemiology Investigation Site Coordinator.
❑ Report any unusual findings immediately to the Epidemiological Investigation Site Coordinator.

Extended:

❑ Plan for the possibility of extended deployment.
❑

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❑ Ongoing as above. ❑ Report any unusual events or findings immediately to the Epidemiological Investigation Site Coordinator. ❑ **Extended:** ❑ Plan for the possibility of extended deployment. ❑	**Extended:** ❑ Plan for the possibility of extended deployment. ❑

Public Health
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Operations

Field Response

Diagnostic Testing Coordinator

Reports to: Epidemiology Investigation Site Coordinator

Mission: *Maintains the line listing of all laboratory testing results.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Epidemiology Investigation Site Coordinator.
- ❑ Establish contact with testing sites.
- ❑ Establish contact with Planning/Intelligence Section to coordinate test result data.
- ❑

Intermediate:

- ❑ Coordinate IT needs through Logistics Section.
- ❑ Document all diagnostic values.
- ❑ Communicate all test results to the Epidemiology Unit Leader and Planning/Intelligence Section.
- ❑

Extended:

- ❑ Same as above.
- ❑ Prepare end of shift report for Epidemiology Investigation Site Coordinator and incoming Diagnostic Testing Coordinator.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Field Response

Mass Care Operations Coordinator

Reports to: Mass Care Unit Leader

Mission: *Oversee all Mass Distribution Operations (POD) clinical functions.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Unit Leader.
- ❑ Obtain list of assigned staff and site location.
- ❑ Work with Resource Unit (Planning/Intelligence Section) and Recruitment Unit (Finance/Administration Section) to ensure that all assigned staff are present and at work site.
- ❑ Work with Logistics Section to ensure that all necessary paperwork and supplies are in place at work location.
- ❑ Receive and forward all requests for additional personnel, equipment, supplies and transportation.
- ❑ Continually reassess work flow and patient flow.

Intermediate:

- ❑ Ensure time and attendance is communicated to Mass Care Unit Leader on appropriate forms.
- ❑ Maintain log of all activities and communications.
- ❑ Ensure that issues are related to Mass Care Unit Leader ASAP.
- ❑

Extended:

- ❑ Monitor staff for signs of stress and fatigue.
- ❑ Monitor supplies.
- ❑ Prepare end of shift report for Mass Care Unit Leader and incoming Mass Care Operations Coordinator.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Flow Monitor

Reports to: Mass Care Operations Coordinator

Mission: *Assist all clinic participants, directing them to appropriate stations.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Operations Coordinator.
- ❑ Familiarize self with each station function and location.
- ❑ Direct clinic patients to the appropriate stations.
- ❑

Intermediate:

- ❑ Assist staff as necessary.
- ❑ Evaluate needs and report issues to Mass Care Operations Coordinator.
- ❑

Extended:

- ❑ Brief incoming flow monitor at end of shift.
- ❑ Plan for the possibility of extended deployment.
- ❑

Patient Educator

Reports to: Mass Care Operations Coordinator

Mission: *Provides patient education in preparation for receiving a vaccination or other treatment.*

Immediate:

- ❑ Provide education regarding effect, side effect and contraindications associated with the vaccine or other treatment.
- ❑ Respond to questions posed by potential vaccines.
- ❑ Review adverse events and when to seek medical care.
- ❑ Provide education on care of vaccine site and supplies if indicated.
- ❑ Assess audio-visual educational needs (VCR) and report to Mass Care Operations Coordinator.
- ❑ Assist patients in completing medical screening forms.
- ❑ Review all forms for completeness.
- ❑ Provide overview of clinic process.

Intermediate:

- ❑ Continue as above.
- ❑

Extended:

- ❑ Plan for the possibility of extended deployment.
- ❑

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Field Response

Mass Care Operations Medical Consultant

Reports to: Mass Care Operations Coordinator

Mission: *Provide medical consultation to patients.*

Immediate

- ❑ Read Entire Job Action Sheet.
- ❑ Obtain Briefing from Mass Care Operations Coordinator.
- ❑ Review the Incident Action Plan (IAP) and the Section Action Plan (SAP).
- ❑ Meet with Mass Care Operations Coordinator and Clinical Staff to disseminate key medical information.
- ❑

Intermediate:

- ❑ Support Medical Screeners by providing medical consultation to patients taking part in clinic activities
- ❑ Maintain log of significant events.
- ❑

Extended:

- ❑ Prepare end of shift report and present to Mass Care Operations Coordinator and incoming POD Medical Consultant.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Field Response

Registration

Reports to: Mass Care Operations Coordinator

Mission: *Greet and register clinic patients.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Operations Coordinator.
- ❑ Familiarize self with registration procedures and forms.
- ❑ Register patients and provide appropriate forms and instructions.
- ❑ Provide educational/information package.
- ❑ Obtain signatures on consent forms as specified in procedures.
- ❑

Intermediate:

- ❑ Direct patients to next appropriate station.
- ❑

Extended:

- ❑ Brief incoming registration staff at end of shift.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Field Response

Medical Screener

Reports to: Mass Care Operations Coordinator

Mission: *Screen clinic participant for contraindications to vaccine/other treatment.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Operations Coordinator.
- ❑ Familiarize self with vaccine and/or medications being administered and contraindications.
- ❑ Interview patient and complete appropriate forms.
- ❑ Review patient medical information and contraindications to determine if individuals meet qualifications for vaccine/other treatment.
- ❑ Verify vaccination status.
- ❑ Collect specimens as needed.
- ❑

Intermediate:

- ❑ Refer patient to POD Medical Consultant as deemed necessary.
- ❑ Evaluate needs and report requests to Mass Care Operations Coordinator.
- ❑

Extended:

- ❑ Monitor supplies.
- ❑ Prepare end of shift report for Mass Care Operations Coordinator and Medical Screener.
- ❑ Plan for the possibility of extended deployment.

Operations

Field Response

Shelter Nurse

Reports to: Mass Care Operations Coordinator

Mission: *Provides clinical support to clients housed in a Red Cross or other shelter.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain assignment briefing and assignment from Mass Care Operations Coordinator.
- ❑ Review shelter protocol.
- ❑ Report to shelter and the Shelter Manager.
- ❑ Set up station and check supplies.
- ❑

Intermediate:

- ❑ Maintain patient log including referrals, treatment, any red flag priorities.
- ❑ Complete initial client interview and screening to determine immediate medical needs document on medical record.
- ❑ Triage clients to a higher level of care as needed.
- ❑ Maintain contact with health department Medical Consultant.
- ❑ Provide first aide as needed.
- ❑ Complete medical records.
- ❑ Evaluate needs and report requests to Shelter Manager or Mass Care Operations Coordinator (based upon need).
- ❑ Monitor public health conditions within the shelter.
- ❑

Extended:

- ❑ Monitor supplies.
- ❑ Prepare end of shift report for Mass Care Operations Coordinator and incoming Shelter Nurse.
- ❑ Plan for the possibility of extended deployment.
- ❑

Triage Nurse

Reports to: Mass Care Operations Coordinator

Mission: *Assess individuals presenting for care and direct them to the appropriate level of care or care site.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Operations Coordinator.
- ❑ Check equipment and supply expiration dates if appropriate.
- ❑ Conduct triage: emergent, urgent and non-urgent care.
- ❑ Refer to the appropriate level of care.
- ❑ Provide first aid as needed.
- ❑

Intermediate:

- ❑ Maintain patient assessment log.
- ❑ Prepare patient for transport to appropriate level of care.
- ❑ Evaluate needs and report requests to Mass Care Operations Coordinator.
- ❑ Maintain contact with POD Medical Consultant.
- ❑

Extended:

- ❑ Monitor supplies.
- ❑ Prepare end of shift report for Mass Care Operations Coordinator and incoming Triage Nurse.
- ❑ Plan for the possibility of extended deployment.
- ❑

Vaccinator

Reports to: Mass Care Operations Coordinator

Mission: *Administer vaccines to qualified candidates. (Vaccinators can be nurses, physicians, physician assistants or nurse practitioners or as designated by State Commissioner of Health.)*

Immediate

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Operations Coordinator.
- ❑ Obtain appropriate supplies and Personal Protective Equipment (PPE).
- ❑ Check expiration date and prepare vaccine for administration.
- ❑ Check for appropriate consent and patient signature.
- ❑ Fill out/sign vaccine administration/dispensing forms.
- ❑ Administer vaccine/Rx as appropriate.
- ❑

Intermediate:

- ❑ Monitor vaccine information (data) disposition.
- ❑ Evaluate needs and report requests to Mass Care Operations Coordinator.
- ❑ Maintain contact with POD Medical Consultant.
- ❑

Extended:

- ❑ Monitor supplies.
- ❑ Prepare end of shift report for Mass Care Operations Coordinator and incoming Vaccinator.
- ❑ Plan for the possibility of extended deployment.
- ❑

Mass Care Operations Information Technology Specialist

Reports to: Mass Care Operations Coordinator

Mission: *To assess, install, and maintain communication and technology specific needs of POD site.*

Immediate:

- ❑ Read entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Operations Coordinator.
- ❑ Identify assets and needs of POD site.
- ❑ Establish a communication center to communicate with and receive information from the Emergency Operations Center (EOC) and outside organizations.
- ❑ Report completion of established communications center to Mass Care Operations Coordinator and communicate additional needs as necessary.
- ❑

Intermediate:

- ❑ Setup registration, data entry, and other areas identified as requiring communication and technology assets.
- ❑ Monitor, support, and communicate ongoing IT needs of POD site to Mass Care Operations Coordinator.
- ❑ Document all requests, actions, and interventions in a work log.
- ❑

Extended:

- ❑ Prepare end of shift report and present to Mass Care Operations Coordinator.
- ❑ Plan for the possibility of extended deployment.
- ❑

Vaccinator Assistant

Reports to: Mass Care Operations Coordinator

Mission: *Complete paperwork during the vaccination process.*

Immediate:

- ❑ Read this entire Job Action Sheet.
- ❑ Obtain briefing from Mass Care Operations Coordinator & POD Medical Consultant.
- ❑ Review completed paperwork.
- ❑ Verify that patient qualified for vaccine.
- ❑ Obtain patient consent for vaccine.
- ❑ Witness consent (if indicated).
- ❑ Return completed form(s) to vaccinee.
- ❑

Intermediate:

- ❑ Observe vaccinee for signs/symptoms of anaphylactic reaction.
- ❑ Verify that all forms are completed and signed.
- ❑

Extended:

- ❑ Function as backup vaccinator.
- ❑ Verify the patient has all necessary supplies.
- ❑ Plan for the possibility of extended deployment.
- ❑

Public Health
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Health Information & Public Education

Health Information and Public Education Branch Director

Reports To: Operations Section Chief

Mission: *Organize and coordinate the support to ensure functioning of internal and external communications.*

Immediate:

- ❑ Read this entire Job Action Sheet (JAS).
- ❑ Obtain briefing from Operations Section Chief and/or Public Information Officer (PIO).
- ❑ Review Incident Action Plan (IAP) and Section Action Plan (SAP), revise JAS as needed and assign staff.
- ❑ Establish a Risk Communications Center.
- ❑ Communicate your telephone and fax number to the agency Emergency Operations Center (EOC) and Section Chiefs in conjunction with Logistics Section Chief, assess current status of the internal and external telephone, cell phone, internet and communication systems.
- ❑ Establish or maintain the system for receiving communication from external agencies.
- ❑ Receive from Documentation Officer the list of pertinent phone numbers for internal and external offices.

Intermediate:

- ❑ Communicate with communication team members the work to be done and assign specific personnel to tasks.
- ❑ Maintain a log of all communication received and forward all new information to the appropriate section.
- ❑ Prepare communication materials to be disseminated by the agency.
- ❑ Have all clinical/medial information reviewed by the Medical Consultant for accuracy and consistency with CDC and state health department message before release.
- ❑ Obtain approval from the PIO and Operations Section Chief before releasing any information to the public or other agency.
- ❑ Immediately report to the Operations Unit leader issues that can not be resolved by your unit with current resources.

Extended:

- ❑ Ensure there are adequate supplies, equipment and materials to produce communication products.
- ❑ Provide an end of shift report for the oncoming Health Information Public Education Branch Director.
- ❑ Observe all staff for signs of stress, and report concerns Operations Section Chief.
- ❑ Document all actions, decisions and interventions
- ❑ Plan for the possibility of extended deployment

**Public Health
Incident Command System (ICS)
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Job Action Sheet**

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Hotline Unit Leader

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Reports to: Health Information & Public Education (HIPE) Branch Director

Mission: *To organize and coordinate hotline function.*

Immediate:

- ❑ Read entire Job Action Sheet (JAS).
- ❑ Obtain briefing from HIPE Branch Director.
- ❑ Coordinate with Information Technology & Communication (ITAC) Unit in Logistics Section to set up telephones and computers as situation requires.
- ❑ Arrange for number of staff to operate hotline.
- ❑ Create shift for hotline staff.
- ❑ Create log sheet for telephone operators use.
- ❑ Obtain script from HIPE Branch Director.
- ❑ Conduct training of operators.
- ❑ Obtain bilingual or translation staff as needed.
- ❑ Familiarize yourself with script and up-to-minute information.
- ❑ Make copies of scripts and fact sheets for staff.
- ❑ Observe staff for stress levels and necessary for break.
- ❑ Address language needs.
- ❑

Intermediate:

- ❑ Communicate frequently with public education and health information leader for current information.
- ❑ Report Frequently Asked Questions (FAQs) or misinformation to HIPE Branch Director for inclusion in new script.
- ❑ Coordinate with Logistics Section to arrange for food, water, and bathroom for staff.
- ❑ Identify telephone for personal telephone calls.

- ❑ Handle difficult calls.
- ❑ Report unusual calls immediately to the HIPE Branch Director.
- ❑

Extended:

- ❑ Provide reports of telephone logs.
- ❑ Brief next shifts Hotline Unit Leader.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Health Information & Public Education

Hotline Telephone Operator

Reports to: Hotline Unit Leader

Mission: *Respond immediately to public crisis and concerns with appropriate and accurate information.*

Immediate:

- ❑ Read this entire Job Action Sheet (JAS).
- ❑ Obtain briefing from Hotline Unit Leader (includes training on telephone).
- ❑ Review questions and answers for script to be familiar with information.
- ❑ Maintain most current information sheet and/or script.
- ❑

Intermediate:

- ❑ Identify a person to refer specific calls to: media, doctor, supervisor, etc.
- ❑ Answer telephone inquiries of public.
- ❑ Keep a log of number and length of calls.
- ❑ Verify that you have most current information.
- ❑ Identify Frequently Asked Questions (FAQs) (or misinformation) from public and give this information to Hotline Unit Leader for inclusion in new scripts.
- ❑ Report unusual calls to the Hotline Unit Leader immediately.
- ❑

Extended:

- ❑ Prepare end of shift report and provide to supervisor and incoming Hotline Telephone Operator.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Health Information & Public Education

Information Distribution Unit Leader

Reports to: Health Information & Public Education (HIPE) Branch Director

Mission: *To distribute accurate and appropriate information to the public.*

Immediate:

- ❑ Read complete Job Action Sheet (JAS).
- ❑ Obtain briefing from HIPE Branch Director.
- ❑ Familiarize yourself with technology in area (fax machine, telephone, copier, broadcast fax web site).
- ❑ Obtain current information from HIPE Branch Director.
- ❑ Identify routes of distribution: web site, outreach, workers, flyers, TV or radio Public Service Announcement (PSA), hotline, public information line, press release, emergency communication, broadcast fax, email.
- ❑ Identify staff for distribution (outreach workers, etc.)
- ❑ Copy flyers if necessary.
- ❑ Identifying sites of distribution: libraries, hospital, schools, community centers, senior centers, etc.
- ❑ Publish list of contacts appropriate for various needs.
- ❑

Intermediate:

- ❑ Conduct subsequent mailings using lists of identified target populations.
- ❑ Keep log of chart of distribution.
- ❑

Extended:

- ❑ Ensure manuals are in appropriate locations.
- ❑ Update telephone and fax numbers.
- ❑ Date and file copy of all information distributed.
- ❑ Update mailing addresses.
- ❑ Plan for the possibility of extended deployment.
- ❑

Health Information & Public Education

Clerk

Reports to: Information Distribution Unit Leader

Mission: *Perform clerical duties.*

Immediate:

- ❑ Read entire Job Action Sheet (JAS).
- ❑ Obtain briefing from Information Distribution Unit Leader (where machines are located such as copiers, fax machines, printer, etc.)
- ❑ Copy flyers or other material.
- ❑ Stuff envelopes.
- ❑ Transport material to mailroom.
- ❑ Keep an inventory of paper and request as needed.
- ❑ File and perform copy services as directed.
- ❑

Intermediate:

- ❑ Assist with health education projects as specified by the Information Distribution Unit Leader.
- ❑

Extended:

- ❑ Plan for the possibility of extended deployment.
- ❑

Public Information Officer (PIO)

Reports to: Agency Incident Commander
Mission: *Serve as department spokesperson and person responsible for releasing information regarding the incident to the media or other agencies and the public. Only one PIO is appointed per incident although assistants may be appointed as necessary.*

Immediate:

- ❑ Receive appointment from Agency Incident Commander (AIC).
- ❑ Read this entire Job Action Sheet and review organizational chart.
- ❑ Identify restrictions in contents of news release information from Agency Incident Commander.
- ❑ Establish a Public Information area away from agency Emergency Operations Center and other activity areas.
- ❑ Obtain a full briefing from the AIC regarding the incident and participate in planning meetings to formulate and evaluate the Incident Action Plan (IAP).

Intermediate:

- ❑ Ensure that all news releases have the approval of the Agency Incident Commander (AIC) and/or chief health official or County PIO.
- ❑ Issue an initial incident information report to the news media.
- ❑ Inform on-site media of the areas which they may have access to and those which are restricted.
- ❑ Coordinate with Safety Officer.
- ❑ Contact other on-scene agencies to coordinate release of information with respective PIOs. Inform Liaison Officer of action.
- ❑ Arrange for interviews, teleconferences, video conferences, satellite broadcasts, web site revisions, broadcast faxes, etc., upon approval by AIC or chief health official or County PIO.
- ❑ Monitor incident as to the need to modify or change public alerts or risk communications.
- ❑ Approve initial and updated scripts for interviews, hotlines and web sites.
- ❑ Direct ongoing evaluation of message contents.
- ❑

Extended:

- ❑ Review progress reports from Section Chiefs as appropriate.
- ❑ Notify media about incident status.
- ❑ Observe all staff for signs of stress. Report issues to Safety Officer. Provide rest periods and relief for staff.
- ❑ Prepare end of shift report and present to oncoming PIO.
- ❑ Plan for the possibility of extended deployment.

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Health Information & Public Education

Media Facilitator

Reports to: Health Information & Public Education (HIPE) Branch Director

Mission: *Arrange media interviews.*

Immediate:

- ❑ Read entire Job Action Sheet (JAS).
- ❑ Obtain briefing from HIPE.
- ❑ Arrange for media interviews (time and place, TV vs. radio vs. phone) with appropriate staff member designated through Health Information and Public Education Branch.
- ❑ Meet and greet media personnel in reception area and lead to interviewee.
- ❑ Ensure copies of press release or fact sheets for media are available.
- ❑

Intermediate:

- ❑ Fax and/or email information for Public Information Officer and Health Information and Public Education.
- ❑ Answer internal phone inquires for Public Information Officer and Health Information and Public Education.
- ❑

Extended:

- ❑ Assist with health education projects as specified by Health Information and Public Education Branch Director.
- ❑ Maintain log of media interviews.
- ❑ Plan for the possibility of extended deployment.
- ❑

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Health Information & Public Education

Media Telephone Operator

Reports to: Media Facilitator

Mission: *Answer media telephone lines, maintain telephone log.*

Immediate:

- ❑ Read entire Job Action Sheet (JAS).
- ❑ Obtain briefing from Media Facilitator.
- ❑ Answer media telephone lines using media contact information sheet (top half).
- ❑ Take messages on specific media needs.
- ❑ DO NOT answer media inquires or speak on behalf of the health department or give your opinion or "off the record" answers.
- ❑ Forward all media contact sheets to Media Facilitator or Public Information Officer.
- ❑

Intermediate:

- ❑ Fax and/or email information for Public Information Officer and Health Information and Public Education.
- ❑

Extended:

- ❑ Maintain phone log of calls.
- ❑ Assist HIPE Branch with projects as specified by HIPE Branch Director.
- ❑ Plan for the possibility of extended deployment.
- ❑

Health Information & Public Education

Public Information Writer

Reports to: Health Information & Public Education (HIPE) Branch Director

Mission: *Write accurate and current information for internal and external communication.*

Immediate:

- ❑ Read entire Job Action Sheet (JAS).
- ❑ Obtain briefing from HIPE Branch Director.
- ❑ Research and collect data on events or agents.
- ❑ Identify audience and message.
- ❑ Write initial draft.
- ❑ Obtain approval from each identified individual.
- ❑ Incorporate translation services as needed.
- ❑ Format list of important phone numbers.
- ❑

Intermediate:

- ❑ Make changes and adjustments as necessary.
- ❑ Double check data for most current numbers or information.
- ❑ Add appropriate graphics to document.
- ❑

Extended:

- ❑ File final copy (with sign-offs).
- ❑ Send to information distributor/web site manager/hotline manager, etc.
- ❑ Plan for the possibility of extended deployment.
- ❑

Public Health
Incident Command System (ICS)
Emergency Response
Job Action Sheet
Operations

Health Information & Public Education

Webmaster

Reports to: <u>Health Information & Public Education (HIPE) Branch Director</u>

Mission: *Maintain and update health department web site.*

Immediate:

- ❑ Read entire Job Action Sheet (JAS).
- ❑ Obtain briefing from HIPE Branch Director.
- ❑ Determine where (what page) new information should go or if you need a new page.
- ❑ Research information to be placed on web site.
- ❑ Research appropriate graphic and audio for inclusion on web site.
- ❑ Create web pages.
- ❑ Get approval from HIPE Branch Director.
- ❑ Publish web pages.
- ❑ Find appropriate links, such as Centers for Disease Control (CDC) and state department of health.
- ❑

Intermediate:

- ❑ Review web site for inaccurate or out-of-date information.
- ❑ Recommend web site changes to Health Information and Public Education Branch Director.
- ❑

Extended:

- ❑ Document changes to web site.
- ❑ Assist with internal phone calls.
- ❑ Assist with other tasks as directed by Health Information and Public Education Branch Director.
- ❑ Plan for the possibility of extended deployment.

Appendix L: Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING
SHOW-ME RESPONSE

This Memorandum of Understanding (MOU) is between the State Emergency Management Agency and the XXXX, address, city, state, zip.

This MOU represents a mutual understanding and establishes a partnership between SEMA and the XXXX in developing a plan for and maintaining a registry of volunteer health professionals and other volunteers who can be activated to assist with federal, state, and/or local emergency response activities.

General Responsibilities of Both Parties

SEMA and the XXXX will collaborate in the planning and acceptance of volunteers into a state sponsored registry known as Show-Me Response.

XXXX, which is housed in the XXXX, will be an organization within Show-Me Response. SEMA will assign the XXXX a minimum of two organization coordinator accounts that will have 24/7 access to Show-Me Response. Each organization coordinator account is tied to a specific username and password to track all changes to records in Show-Me Response and to ensure accountability.

SEMA will not conduct routine criminal background checks on Show-Me Response volunteers. Should XXXX desire criminal background checks of their affiliated volunteers, XXXX agrees to conduct the criminal background check at their cost.

Specific Roles and Responsibilities of Each Party

SEMA agrees to:

- ✓ Maintain a web-based volunteer registry known as Show-Me Response.

- ✓ Comply with all federal guidelines of the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP).

- ✓ In accordance with federal ESAR-VHP guidelines, check credentials and licenses of volunteer health professionals who have been licensed by the Missouri Division of Professional Registration.

- ✓ Contact the XXXX organization coordinator(s) to request activation of affiliated organization volunteers, as SEMA agrees not to activate any organization affiliated volunteer, unless specifically

directed to do so by the organization coordinator(s).

✓ Maintain a back-up of the Show-Me Response registry in a secure location.

✓ **Promote and conduct marketing of Show-Me Response to healthcare professionals.**

✓ Provide organization coordinator user training.

✓ Provide unlimited emergency notification system (ENS) e-mail use to XXXX.

✓ Provide limited ENS phone-based messages including phone calls, text messages, pages, and faxes.

✓ Provide the XXXX with an updated copy of the Show-Me Response policies and procedures.

The XXXX agrees to:

✓ **Maintain and manage records of all organization-affiliated volunteers.**

✓ Receive two organization coordinator account rights from SEMA.

✓ Provide SEMA with the names of two individuals who will serve as the system coordinators for the organization.

✓ Ensure security of each local system coordinator's user name and password and prohibit the practice of sharing user names and passwords between individuals.

✓ Require each organization coordinator to sign the SEMA Statement of Agreement to Maintain Confidentiality of Records and Information in Accordance with SEMA Policies (see attached form).

✓ Sign into Show-Me Response weekly to check e-mails, and accept or reject pending organization affiliated volunteer applications, in accordance with local organization policies.

✓ Submit to the SEMA program representative a request for prior approval to use any of the SEMA purchased ENS phone, text, pager, and fax minutes. If XXXX fails to receive prior approval, SEMA may submit an invoice to XXXX to recoup the cost of used minutes.

Each party agrees to the following requirements:

✓ Adhere to all Show-Me Response policies and procedures.

✓ **Ensure that volunteer information is collected, assembled, maintained, and utilized in a manner consistent with the attached SEMA Statement of Agreement to Maintain Confidentiality of Records and Information in Accordance with SEMA Policies.**

✓ Ensure only authorized personnel have access to Show-Me Response and prevent sharing or theft of usernames and passwords.

✓ Make such records available for review to state and federal public health officials, and the Assistant Secretary for Preparedness and Response (ASPR) program representatives, as requested.

Terms of the Agreement

Both parties agree that no other methods and/or documents, including correspondence, acts, and oral communication by or from any person, shall be construed as an amendment to this MOU. Any change to this MOU must be accomplished by a written amendment to the MOU signed and approved by both parties with a minimum of thirty (30) days prior notice.

This MOU may be terminated on the part of either party with a minimum of thirty (30) days written notice.

To reach a Show-Me Response representative, contact SEMA at 573/526-9100.

This MOU begins on the signature date and ends May 31, 2021 or if funding discontinues.

_____   _____
Signature: Signature: Organization Administrator
State Emergency Management Agency

_____   _____
Printed Name   Printed Name

_____   _____
Title   Title

_____   _____
Date   Date

STATE EMERGENCY MANAGEMENT AGENCY (SEMA)
STATEMENT OF AGREEMENT TO MAINTAIN CONFIDENTIALITY OF RECORDS AND INFORMATION IN ACCORDANCE WITH SEMA POLICIES

Code of Conduct

Interns, contractors or volunteers working under supervision of SEMA employees, whether paid or unpaid, shall be considered as employees with respect to the SEMA confidentiality policies. All information that identifies or can be used readily to identify individuals shall be considered confidential. All employees shall follow the SEMA policies for sharing of confidential information. Information specifically covered by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) shall be determined and employees with responsibilities requiring access to the information identified. These employees shall attend expanded training and comply with SEMA policies relating to the federal laws.

Employees

As a SEMA employee, I agree to be knowledgeable of and comply with SEMA confidentiality policies.
Specifically I agree to:
   ✓ Assure the confidentiality and security of all information by limiting access to those having an official need in order to perform their duties;
   ✓ Restrict disclosure of confidential information to other agencies or individuals outside of SEMA. Disclosures shall be made in accordance with SEMA policies governing disclosures;
   ✓ Refrain from disclosing confidential personnel information to any individual or entity who does not have a business-related reason to receive such information.
   ✓ Participate in training, as needed, on the federal Privacy law;
   ✓ Make appropriate staff aware of potential SEMA confidentiality policy violations; and
   ✓ Sign an annual statement affirming agreement to comply with SEMA confidentiality policies.

Contractors

As a SEMA contractor, I agree to maintain strict confidentiality of all information that identifies or can be readily used to identify individuals that I have been provided access to by the SEMA or obtained as a result of contract activities. I understand there are potential legal penalties for breaches of confidentiality or unauthorized destruction of confidential information/records. I understand that the contracting agency assumes liability for all disclosures of confidential information by the contractor and/or the contractor's employee.

Researchers

As a researcher being granted access to SEMA information and data for research purposes, I agree to comply with SEMA confidentiality policies. I agree to maintain the confidentiality of information that identifies individuals. I also agree not to subsequently disclose confidential information without written permission of the Department and/or individual person. For research projects requiring access to information covered under the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164), I agree to comply with the federal requirements.

Volunteers

As a volunteer, paid or unpaid, I agree to comply with the SEMA confidentiality policies. I understand that I am liable for all breaches of confidentiality and may be subject to possible legal actions.

MAINTAINING CONFIDENTIALITY OF INFORMATION IN THE WORK ENVIRONMENT:

I agree to the following:

Work Areas

To remove information of a confidential nature from public view (placed inside a desk or file) when away from my work station and another authorized employee is not available to assure security of the information.

To place information of a confidential nature in locked files or other secure places when my office or work unit is closed or left unattended.

To shred or otherwise destroy information to be discarded that identifies an individual, such as poor quality copies or purged file materials.

Information Exchange

To not release confidential personnel information as obtained in the performance of duties to individuals or entities who do not have a business-related reason to receive such information.

To destroy informal records of telephone conversations containing information of a confidential nature unless the records are placed in official files.

To hold conferences and informal conversations in a manner to avoid discussions, of a confidential nature, being overheard by others.

To seal all documents containing information of a confidential nature inside an envelope addressed to a specific office or individual and marked "CONFIDENTIAL" when using conventional mail to send to other individuals, programs or agencies having an official need for the information.

To use a cover page containing a confidentiality statement approved by the SEMA Privacy Officer for all documents of a confidential nature transmitted by FAX machine to agencies and individuals with an official need to know.

To alert the receiver that the information is being transmitted via FAX and request immediate retrieval.

To include the SEMA approved statement of confidentiality on all electronic mail messages.

To not send confidential individually identifiable health information using electronic mail unless technology such as encryption or other technology is employed.

Computers

To comply with policies and procedures relating to maintaining security and confidentiality of computer data.

To position my computer workstation screen to limit visualization by other employees or visitors.

To protect my sign on and passwords to prevent others from using them.

To logout of the network when away from my work area for an extended period; for short periods of inactivity, I will activate a password protected screen saver.

Penalties

I have been informed and understand that a breach of confidentiality or unauthorized destruction of confidential records shall result in disciplinary action up to and including dismissal depending on the severity of the offense and possibly legal action.

CERTIFICATION:
This is to certify that I have read and agree to comply with the provisions of the Department's policies.

Date: _____   Signature: _____

Appendix M: Organizations with MOUs

MOUs / Show Me Response
Medical Reserve Corps Organizations
Bollinger County Medical Reserve Corps
Callaway County Medical Reserve Corps
Cape Girardeau County Medical Reserve Corps
Chariton County Medical Reserve Corps
Christian County Medical Reserve Corps
Columbia/Boone County Medical Reserve Corps
Cooper County Medical Reserve Corps
Gateway St. Louis Medical Reserve Corps
Howard County Medical Reserve Corps
Lewis County Medical Reserve Corps
Linn County Medical Reserve Corps
Macon County Community Volunteer Corps
Medical Reserve Corps of Greater Kansas City
Missouri Region C North Medical Reserve Corps
Mid-Rivers MRC
Monroe County Medical Reserve Corps
MRC 3
Northeast Missouri Medical Reserve Corps
Northwest MO Medical Reserve Corps
Osage County Medical Reserve Corps
Perry County Health Department
Pettis County Medical Reserve Corps
Ralls County Medical Reserve Corps
Randolph County Medical Reserve Corps
Schuyler County Medical Reserve Corps
Scotland County Medical Reserve Corps
South-Central Missouri Medical Reserve Corps
St. Francois County Medical Reserve Corps
St. Louis City Medical Reserve Corps

St. Louis County Medical Reserve Corps
Stoddard County Medical Reserve Corps
Stone County Community Heroes
Sullivan County Medical Reserve Corps
Texas County Medical Reserve Corps
LPHA Organizations
Butler County Health Department
Cass County Health Department
Clay County Health Department
Cole County Health Department
Dunklin County Health Department
Hickory County Health Department
City of Independence Health Department
Jackson County Health Department
Jefferson County Health Department
Kansas City, Missouri Health Department
McDonald County Health Department
Montgomery Co Health Department
Platte County Health Department
Polk County Health Department
Putnam County Health Department
Shelby County Health Department
St. Clair County Health Department
Specialty Organizations
MO Department of Mental Health Disaster Services
Missouri Interfaith Disaster Response Organization
MO Disaster Response System
SAVE Coalition
American Red Cross Western Missouri Region
Springfield/Greene Co Office of Emergency Management
Grundy County EMD
MO Volunteer Veterinary Corps

CROSS WALK:
PHEP CAPABILITY 15 TO SHOW-ME RESPONSE VOLUNTEER MANAGEMENT PLAN
January 2019

PHEP CAPABILITY 15: VOLUNTEER MANAGEMENT

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

The capability consists of the ability to perform the following functions:

 - **Function 1: Coordinate volunteers**
 - **Function 2: Notify volunteers**
 - **Function 3: Organize, assemble, and dispatch volunteers**
 - **Function 4: Demobilize volunteers**

Items marked in RED should be considered gaps in that written plans do not currently address these.

Function 1: Recruit, coordinate, and train volunteers

Identify, recruit, register, verify, and train volunteers to support the jurisdictional public health agency incident response.

P1: (Priority) Volunteers and other resources identified as necessary to respond to public health incidents or events based on jurisdictional risks. Considerations for volunteers may include:

 - ✓ Functional roles, assignments, and corresponding competencies
 - ✓ Skills, knowledge, or abilities needed for each volunteer task or role
 - ✓ Description of timeline for mobilizing and assembling volunteers
 - ✓ Plan and triggers for when to activate volunteers including deployments
 - ✓ Jurisdictional authorities that govern volunteer liability issues and scope of practice

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P2: (Priority) Written agreements, such as contracts of memoranda of understanding (MOUs), established with jurisdictional or regional volunteers sources, as needed, to address potential public health responses. Recommended partnership agreements may include:

 - ✓ Partner organizations' promotion of public health volunteer opportunities
 - ✓ Referral of volunteers to register with jurisdictional Medical Reserve Corps and/or ESAR-VHP
 - ☐ Registration requirements for ESAR-VHP, MRC, or other pre-identified partner groups, such as the American Red Cross or CERTS
 - ☐ Recognition of qualifications and certifications
 - ☐ Efforts to continually engage volunteers through routine community health activities
 - ☐ Identification and administration of appropriate trainings for volunteers
 - ✓ Documentation of the volunteers' affiliations such as employers and volunteer organizations at local, state, and federal levels to assist in minimizing "double counting" of prospective volunteers

- ✓ P3: <u>Verification of professional volunteer diplomas, licenses, certifications, credentials, and registrations in accordance with federal and state laws using the state's ESAR-VHP or other programs, as appropriate</u>.

- ✓ P4: <u>Deployment eligibility for pre-identified volunteer responders based on medical, physical, and mental/behavioral health screenings and background checks. Eligibility criteria may include</u>
- ✓ <u>• Medical health, such as immunization status, medications, and pre-existing conditions</u>
- ✓ <u>• Physical fitness</u>
- ✓ <u>• Mental/behavioral health</u>
- ✓ <u>• Criminal records, such as sexual offender registry</u>

- ✓ S1: <u>Documentation of completed training(s),</u> as required by the jurisdiction, to prepare volunteers for their assigned responsibilities. Recommended trainings may include those addressing
    - ✓ Cardiopulmonary resuscitation (CPR)
    - ✓ Basic first aid skills
    - ✓ Medical countermeasure dispensing roles
    - ✓ Incident Command System training
    - ✓ Basic triage skills, psychological first aid, and self-care
    - ✓ Basic and advanced disaster life support (American Medical Association's [AMA] National Disaster Life Support Program)
    - ✓ Cultural competency
    - ✓ Access and functional needs during a disaster response
    - ✓ HazMat awareness
    - ✓ MRC TRAIN (as applicable to the jurisdiction)
    - ✓ Privacy and confidentiality of information collected during emergency response
    - ✓ Other skills and courses identified by the jurisdiction for specific roles

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- ✓ S2: <u>Personnel trained in volunteer management.</u> Suggested resource
    - Federal Emergency Management Agency (FEMA), Developing and Managing Volunteers (FEMA, IS-244): (<u>http://training.fema.gov/EMIWEB/is/is244.asp</u>)

- ✓ S3: Prospective volunteers trained in jurisdictional incident management or <u>National Incident Management System (NIMS) trainings</u>, which may include
    - ✓ Introduction to Incident Command System (IS-100)
    - ✓ NIMS- An Introduction (IS-700.a)

✓ Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
✓ Incident Command System (IS-300) and Advanced ICS Command and General Staff (IS-400) for volunteer leaders that will hold key leadership positions

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Function 2: Notify, organize, assemble, and deploy volunteers

P1: Procedures in place to coordinate with partners, inter- and intrajurisdictional agencies, and other relevant organizations, contact registered volunteers, identify volunteers willing and able to respond, identify supporting resources needed for volunteers, and share incident-specific assignment details. Recommended procedures may include

✓ Processes to describe how the jurisdictional public health agency requests volunteers
✓ Processes to determine the best use of available volunteers based on mission and capabilities
✓ Processes for the jurisdictional public health agency to request federal resources, such as personal protective equipment (PPE), response-specific vaccinations, and response teams, that include a clear statement of need, list of requested asset(s), and role of the requested asset(s), if applicable
✓ Plans for communications between state and local health departments about volunteer needs and assignments during an incident
✓ Plans to provide volunteer pre-deployment briefings that describe incident conditions and assignment details. Briefing topics should include
  ✓ ·Incident or event details
  ✓ ·Volunteer roles and responsibilities
  ✓ ·Health safety risks
  ✓ ·PPE
  ✓ ·Local weather
  ✓ ·Liability protection
  ✓ ·Living and work conditions
  ✓ ·Nature of the work site
  ✓ ·Personal security risks
  ✓ ·Required immunizations or prophylaxis
  ✓ ·Required identification for rostering and badging volunteers
✓ Procedures to assign volunteers to other response agencies

✓ P2: Procedures in place to identify public health agency personnel and their roles and responsibilities in volunteer management.

✓ P3: Procedures in place to coordinate with agencies and organizations involved in the identification of volunteers.

✓ P4: (Priority) Procedures in place to support additional and spontaneous volunteers, meaning volunteers not pre-identified. Recommended procedures may include

- ✓ Informing volunteers how to report to appropriate incident management leads, such as volunteer coordinators or off-site incident command
- ✓ Ensuring all volunteers follow standardized, in-processing requirements
- ✓ Identifying duties spontaneous volunteers can perform
- ✓ Verifying credentials of spontaneous volunteers
- ✓ Managing spontaneous volunteers who are not assigned to the appropriate job functions or tasks based on their skills and the needs of the response
- ✓ Registering spontaneous volunteers for future emergency responses
- ✓ Referring spontaneous volunteers who are not aligned with an identified partner organization to other organizations, such as nonprofits or MRC (See Capability 4: Emergency Public Information and Warning and Capability 14: Responder Safety and Health)

- ✓ P5: Procedures in place to support volunteer needs during the response. Volunteer needs may include
  - ✓ Housing
  - ✓ Safe food and potable water
  - ✓ Medical countermeasures or vaccination
  - ✓ First aid and emergency medical care
  - ✓ Mental/behavioral health service

Function 3: Conduct or support volunteer safety and health monitoring and surveillance

Function Definition: Conduct or support monitoring and surveillance activities to identify potential volunteer safety and health needs.

- ✓ P1: (Priority) Documentation of incident-specific volunteer safety and health risks, threats, and precautions identified by the jurisdictional public health agency and lead partners, such as occupational health and safety, environmental health, and radiation control programs.

- ✓ P2: (Priority) Procedures in place to conduct standardized assessments of the identified safety and health risks and threats as well as the effectiveness of precautions and mitigation measures used, such as training effectiveness and PPE compliance. (See Capability 14: Responder Safety and Health)

- ✓ P3: (Priority) Surveillance activities to assess trends in actions and practices that contribute to incident related physical illness or injury and mental/behavioral trauma. (See Capability 13: Public Health Surveillance and Epidemiological Investigation)

✓ P4: Procedures in place to communicate the results of volunteer safety and health monitoring and surveillance to responders, the public, and the media (as applicable). Communicated risks should include both known pre-incident risks and risks encountered during the incident response.

Function 4: Demobilize volunteers

Function Definition: Support the release of volunteers based on evolving incident needs or incident action plans and coordinate with partner agencies and organizations to support the provision of any medical and mental/behavioral health support for volunteers.

✓ P1: (Priority) Procedures in place to ensure proper demobilization of volunteers after a response, which may include
   ✓ Procedures to collect contact information from each volunteer responder
   ✓ Formal check-out or out-processing activities to document volunteer health status including physical and mental/behavioral, as applicable, before volunteers leave the worksite
✓ Procedures to identify volunteer responders with incident-related delayed or long-term adverse health effects. Identification criteria may include
✓ ·Hazardous material exposures
✓ ·Hazardous work activities
✓ ·Adequacy of control measures
✓ ·Injuries and illness incurred during deployment
✓ ·Other risks identified by jurisdictional stakeholders
✓ After-action processes to identify corrective actions and lessons learned (See Capability 2: Community Recovery, Capability 3: Emergency Operations Coordination, and Capability 14: Responder Safety and Health)

P2: Procedures in place to provide long-term support for volunteers and conduct periodic assessments of volunteer responder safety and health measures. Procedures may include

✓ Exposure assessments
✓ Environmental sampling
☐ Long-term mental health considerations
☐ Medical examination results
☐ Medical monitoring and surveillance
✓ Out-processing interview and data collection
☐ Pre-deployment baseline assessments and review of activity log